

ASSESSMENT OF CHILD AND ADOLESCENT PSYCHOPATHOLOGY:
INFORMANT CONCORDANCE AND CONSTRUCT VALIDITY

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Abstract

The present study examined the degree of informant concordance in assessment of child and adolescent psychopathology, and the validity of ratings from different informants. Consistent with many previous findings, results of this study found that there was discrepancy among data obtained from adolescents, parents and teachers on internalizing and externalizing problems of adolescents. Informants rated a significantly different severity of externalizing and internalizing symptoms of adolescents. The correlation between their ratings was at best moderate. Informant concordance did not differ as a function of adolescents' age, sex, and clinical status but was significantly higher in Externalizing Problems than in Internalizing Problems. Limited informant concordance raised the question of the validity of different sources of information. The present study tested their validity through the procedures in establishing construct validity. It was found that all sources of information demonstrated significant and expected correlation with various external correlates of psychopathology. Multiple regression analyses indicated that different combinations of informants best predicted the external correlates of psychopathology than single source of information. The results supported the employment of multiple informants in assessment of child and adolescent psychopathology.

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CHAPTER ONE

INTRODUCTION

The phenomenon of informant discrepancy on child and adolescent psychopathology

Basing upon the conviction that different informants contribute to derive a comprehensive picture of the functioning and malfunctioning of child, the collection of information from multiple informants is considered an optimal approach to assessment of child psychopathology, in both clinical work as well as research (Achenbach, McConaughy & Howell, 1987; Cox, 1989). While child and adolescent are found to be a valuable source of information regarding their own emotional/behavioral problem, particularly the internalizing and conduct problem (Moretti, Fine, Haley & Marriage, 1985; Reich & Earls, 1987; Weissman, Wickramaratne, Warner, John, Prusoff, Merikangas & Gammon, 1987), other informants mainly parent and teacher are regarded as important or even necessary sources of information that aid understanding of child psychopathology. Parents are informants most familiar with their children across time and many situations. Teachers have opportunity to observe and compare children with large groups of peer in various aspects (academic and social skills) and thus can take reference of the normative data corresponding to child's developmental level in the judgment of child's psychopathology (Verhulst & Akkerhuis, 1989; Verhulst & van der Ende, 1992; Epkins, 1995). The perception of these adult informants of the child's problem behavior is also an important factor in deciding the referral for help (Lewis, 1990; Stanger & Lewis, 1993). The inclusion of multiple informants in the assessment of children's problem behavior has placed the issue of informant concordance a focus of attention. When information obtained from different sources is convergent with each

other, the likelihood that the assessment and the derived diagnosis are reliable and accurate is assumed to be high. On the contrary, the disagreement between informants confronts clinicians and researchers with serious challenges in how to interpret, weight and coordinate the discrepant data from multiple sources (Cox, 1994; Achenbach, 1996).

Numerous studies consistently found that the concordance between information from different sources regarding the absence/ presence of disorder and the severity of symptoms of child and adolescent is at best modest, though statistically significant. Achenbach, McConaughy and Howell (1987) performed a meta-analysis of 119 studies published between 1960 and 1986 reporting Pearson correlation between ratings of behavioral/emotional problems of child and adolescent by parents, teachers, mental health workers, observers, peers, and the subjects themselves. Those 119 studies covered 269 clinical and community samples with subjects aged from 1.5 to 19 years. Mean correlations were obtained by using Fisher's z transformation and were weighted by sample degrees of freedom. The mean correlation between ratings of informants playing generally similar roles with respect to the child such as pairs of parents or teachers was .60, with a range of from .54 to .64. The mean correlation between reports of informants playing different roles with respect to the child such as parent-teacher pair ranged from .42 to .24, with a mean of .28. The mean correlation between reports of children themselves and other informants was .22, with a range of from .20 to .27. Of particular interest, the mean correlation was .27 between parent and teacher ratings, 0.25 for parent and child ratings, and 0.20 for teacher and self reports. It can be seen that the typical agreement between data from different informants is generally found to low,

particularly for self-other ratings and ratings from informants playing different roles in relation to the child or adolescent such as parent and teacher.

Clearly the disagreement between informants in evaluating and reporting emotional and behavioral problems of children is not limited to particular classification systems originated from different approaches to psychopathology. Discordance arises no matter problem behavior is treated as a quantitative difference from normal behavior or as a distinct type of disorder implying a qualitative difference from normality. Also informant discrepancy is not an unique problem associated with a particular type of assessment instrument. It is consistently found with semi-structured interview (such as the Child Assessment Schedule, Hodges, McKnew, Cytryn, Stern & Kline, 1982) (Hodges, Gordon & Lennon, 1990; Thompson, Merritt, Keith, Murphy & Johndrow, 1993; Verhulst, Althaus, & Berden, 1987), structured psychiatric interview (such as the Diagnostic Interview Schedule for Children, Edelbrock, Costello, Dulcan, Conover & Kala, 1986) (Bidaut-Russell, Reich, Cottler, Robins, Compton & Mattison, 1995), and with different rating scales (such as the Child Behavior Checklist, Teacher Report Form and Youth Self Report, Achenbach, 1991a, 1991b, 1991c) (Stanger & Lewis, 1993; Thurber & Snow, 1990; Verhulst & Van der Ende, 1992; Verhulst, Koot & Van der Ende, 1994). Limited agreement between informants is not bounded to specific types of symptoms, nor is it specific to a particular sex and an age group. Many studies found low to moderate concordance between informants in various types of child and adolescent psychopathology including that of externalizing and internalizing nature, with subjects of both sexes and different age groups (Verhulst & Akkerhuis, 1989; Sawyer, Baghurst & Mathias, 1992; Kolko & Kazdin, 1993; Epkins & Meyers, 1994; Epkins, 1996).

Variables affecting the agreement of informants in rating child and adolescent psychopathology

Given that the same child is assessed regarding his or her psychopathology, the discrepancy of informants naturally poses a puzzle for researcher and clinician regarding the nature and reason of such disagreement. In searching for the possible contributing factors which may explain informant discrepancy, various studies found that the degree of agreement varied significantly as a function of different variables. In Achenbach et al.'s meta-analysis (1987), informant agreement in internalizing type of problem (mean $r = .41$) was found to be significantly higher than that in externalizing type of problem (mean $r = .32$). Mean correlation (.51) was significantly higher for younger children (6- to 11-year old) than mean correlation (.41) for adolescents (12- to 19-year old). Studies included in this meta-analysis spanned from 1960 to 1986. Many recent studies continued the effort to investigate the degree and pattern of informant agreement in relation to various different variables of which some were initially highlighted in Achenbach et al.'s meta-analysis (1987). Table one lists a selection of relevant studies.

Since Achenbach et al. had conducted a thorough review of earlier studies, the studies selected in the present study were mostly published in or after 1986 so as to provide a more updated review. Studies were considered relevant if they focused on studying parent-child or parent-teacher or teacher-child agreement on child psychopathology and the variables that might affect the informant correspondence. A computer search of "Psylit" was conducted using the key words "informant agreement, parent-child agreement / correspondence / concordance, parent-teacher agreement / correspondence / concordance , teacher-child agreement /correspondence /concordance,

assessment, child psychopathology, different sources, different informants". In addition, a manual search was conducted to select relevant studies published in journals known to be prestigious in related fields of child psychopathology and assessment. These journals included Journal of Child Psychology and Psychiatry Allied Discipline, Journal of the American Academy Child and Adolescent Psychiatry, Journal of Abnormal Child Psychology, Journal of Clinical Child Psychology, Journal of Consulting and Clinical Psychology, Journal of personality Assessment, Psychological Assessment, Archives of General Psychiatry.

In the following reviewed studies, the agreement between informant is indicated either by the Pearson correlation or by the Kappa statistic (Cohen, 1960). Pearson correlation (r) is used with continuous scale scores obtained by two different informants. In the present context, it indicates within a full range the similarities between the rank orders of scores assigned to the child regarding his or her psychopathology by different informants. Kappa statistic (K) is used with categorical data. It indicates the percentage of agreement between two informants on the presence or absence of the child's diagnosis, adjusted for chance level. Particular focuses will be placed on four potentially important parameters of which their effect on informant concordance had been a common focus in many studies. These four parameters refers to child's sex, age, clinical status and type of psychopathology being rated.

Table 1. Review of studies

<u>Study</u>	<u>Instruments</u>	<u>Informant</u>	<u>Concordance Paramaters Under Investigation</u>	<u>Numher. / Age Of subjects</u>	<u>Clinical Status Of Subjects</u>
1. Andrews, Garrison, Jackson, Addy & McKenown, 1993	semistructured interview	parent-child	sex* adaptability* family cohesion* race living arrangement	173/ 12.75±0.9	Community
2. Angold, Weissman, John, Merikangas, Prusoff, Wickranaratne, Gammon & Warner, 1987	structured interview	parent-child	sex*	125 high-risked subjects, 95 community subjects / 6-23	community + subjects with parents having depression
3. Edelbrock, Costello, Dulcan, Conover & Kala, 1986	structured interview	parent-child	age* type of symptoms*	299 / 6-18	clinical
4. Epkins, 1993	rating scales	teacher-child	age sex clinical status*	142 non-clinical 83 clinical / 8-12	clinical + non-clinical
5. Epkins, 1996	rating scales	parent-child parent- teacher	sex* age clinical status*	135 community 86 clinical / 8-12	clinical + non-clinical

<u>Study</u>	<u>Instruments</u>	<u>informant Concordance</u>	<u>Concordance Parameters Under Investigation</u>	<u>Numbers and Age Of Subjects</u>	<u>Clinical Status Of Subjects</u>
6. Epkins & Meyers, 1994	rating scales	parent-child parent- teacher teacher-child	sex*	102 / 8-11	community
7. Gagnon, Vitaro & Tremblay, 1992	rating scales	parent- teacher	sex* mother's education* number of children* father's occupation*	1924 / mean age = 6	community
8. Hodges, Gordon & Lennon, 1990	Semistructured interview	parent-child	type of symptoms*	48 / 6-12	clinical
9. Ines & Sacco, 1992	rating scales	teacher-child	sex familiarity with child* confidence training on child psychoopathology	418 / 4 th - 6 th graders 31 teachers	community
10. Jensen, Traylor, Xenakis & Davis, 1988	rating scales	parent-child parent- teacher teacher-child	parent's sex* parent's psychoopathology* type of symptoms*	100 / 6-11	community

<u>Study</u>	<u>Instruments</u>	<u>Informant</u>	<u>Concordance Parameters Under Investigation</u>	<u>Subject No. / Age</u>	<u>Clinical Status</u>
11. Jensen, Xenakis, Davis & Degroot, 1988	ditto	ditto	child' age familiarity with child socioeconomic status birth order of child family size* family stress level* social desirability response set* child's characteristic play pattern	ditto	ditto
12. Kollo & Kazdin, 1993	rating scales (CBCL, TRF, YSR)	parent-child teacher-child parent-teacher	sex* age types of symptoms* clinical status* overt vs. covert symptoms	98 community 64 clinical / 6-13	community + clinical
13. Modros, Poznanski, Grossman & Freeman, 1987	interview rating scales	parent-child	clinical status	34 clinical 110 community / 6-13	community + clinical
14. Phares, Compas & Howell, 1989	rating scales (CBCL, TRF, YSR)	parent-child teacher-child parent-teacher	parents' psychopathology* parents' sex types of symptoms	study 1: 69 study 2: 88 / all 11-15	community

<u>Study</u>	<u>Instruments</u>	<u>Informant</u>	<u>Concordance Parameters Under Investigation</u>	<u>Subject No. / Age</u>	<u>Clinical Status</u>
15. Renouf & Kovacs, 1994	semistructured interview + self-rating	parent-child	age* mother's affective illness*	113 / 8-14	clinical
16. Sawyer, Baghurst & Mathias, 1992	rating scales (CBCL, TRF, YSR)	parent-child teacher-child parent-teacher	clinical status	83 community / 10-15 100 clinical / 10-16	community + clinical
17. Stanger & Lewis, 1993	rating scales (CBCL, TRF, YSR)	parent-child teacher-child parent-teacher	types of symptoms	89 / 13 years old	community
18. Stavrakaki, Vargo, Roberts & Boodoosingh, 1987	ratings scales	parent-child clinician-child clinician-parent	diagnosis age sex outpatient/inpatient	130 / 6-16	clinical
19. Tarullo, Richardson, Radke-Yarrow & Martinez, 1995	structured interview	parent-child father-mother	age* sex* parental affective illness* parents' sex*	58 from normal family / 85% with affectively ill mother / 8-16	community + high-risked subjects
20. Thompson, Merrit, Keith, Murphy & Johndorw, 1993	semistructured interview	parent-child	types of symptoms sex*	41 / 6-12	community

<u>Study</u>	<u>Instruments</u>	<u>Informant</u>	<u>Concordance Parameters Under Investigation</u>	<u>Subject No. / Age</u>	<u>Clinical Status</u>
21. Verhulst & Akkerhuis (1989)	ratings scales CBCL	parent- teacher	sex age (4-5 vs.6-12)* types of symptoms* learning status*	1161 / 4-12	community
22. Verhulst, Althaus & Berden (1987)	semistructured interview	parent-child	sex age high vs. low scorer*	371 / 8-11	community
23. Verhulst & Van der Ende, 1992	ratings scales	parent-child	age sex*	883 / 11-19	community
24. Weissman, Wickramaratne, Warner, John, Prusoff & Merikangas	interview	parent-child	sex age*, <19 vs. >19 parents' depression parents' sex Child's IQ living arrangement marital status	125 from depressed patient 95 from normal proband/ 6 -23	community + high-risked subjects

*Variables significantly affected the informant concordance in the study

Effect of child's age

Similar to Achenbach et al.'s finding (1987), some studies listed above found better informant concordance for younger children than for older children. In Tarullo, Richardson, Radke-Yarrow and Martinez's study (1995), mother-child and mother-father agreements as expressed by the Kappa on any diagnosis of child including disruptive behavior, anxiety problems, mood problems, eating disorder, somatoform disorder and elimination disorder were significantly higher for 8-to-11-year-old children than for 12-to-16-year-old adolescents. Weissman, Wickramaratne, Warner, John, Prusoff, Merikangas and Gammon (1987) found that mother-child agreement was better for 13-to-18-year-old group ($Kappa = 0.47$) and below-13-year-old group ($Kappa = 0.39$) than for the 19-to-23-year-olds ($Kappa = 0.11$) in the diagnosis of depression. Plausible explanations for better informant agreement found in younger age group points to adolescents' developing sensitivity to their own private information, their increasing tendency to confide in peer rather than parents, their growing capacity to form perspective independent of parents, and also parents' reduced opportunity to observe adolescent behavior (Jensen, Xenakis, Davis & Degroot, 1988; Tarullo et al., 1995).

Contrary to the above findings, several other studies found higher informant concordance for older age group rather than the younger ones. Edelbrock, Costello, Dulcan, Conover and Kala (1986) found that parent-child agreement on a variety of conduct and affective problems improved sharply with age that it was higher for children aged 14-18 ($mean\ r = 0.35$) than children aged 11-13 ($mean\ r = 0.27$) and 6-9 ($mean\ r = 0.10$). The authors attributed such effect to the increased reliability of children reporting symptoms through highly structured interview as they grew in age. Verhulst and Akkerhuis (1989) also found a slight tendency for informant

concordance to be better for the older group. Out of 94 items, parent-teacher agreement as indicated by Pearson r was significantly higher in 11 items for older boys (aged 6-12) than for younger boy (aged 4 to 5), and higher in 8 items for older girls than for the younger. In a longitudinal analyses of parent-child agreement on depressive symptoms, Arenouf and Kovacs (1994) found that the extent of convergence significantly improved as children grew older. The authors reasoned that parent-child agreement improved as a function of children's developmental change in which children obtained higher levels of social-cognitive developments and were more apt to detect and articulate psychological states as they grew older.

Another set of studies reviewed above presented a different picture that they found no significant age effect on informant agreement. In one recent study (Epkins, 1996), both parent-child and parent-teacher convergence on depression, anxiety and aggression in younger children aged 8-9 was not significantly different from that in older children aged 10-12. By comparing Pearson correlation between ratings from parent, teacher and children in younger (6-9) versus older (10-13) children, Kolko and Kazdin (1993) found no single one significant difference in their concordances on a variety of emotional and behavioral problem of children. Verhulst and Van der Ende (1992) found no clear age difference in the level of parent-child agreement between younger boys and girls (11-14) and older boys and girls (15-19). The only significant finding was higher parent-child agreement in aggressive syndrome for younger girl than for older girl. No significant age difference was found for girls in other seven emotional and behavioral syndromes and no significant findings was obtained for boy. In a similar vein, several studies did not find children's age as a significant parameter affecting informant concordance (Verhulst, Althaus & Berden,

1987; Jensen et al., 1987; Epkins, 1993; Stavrakaki, Vargo, Roberts & Boodoosingh, 1987).

It can be seen from the above review that the effect of child age's on informant agreement may be related to the age span selected for study. The studies which found significant age effect on informant concordance regardless of the direction of the difference mostly covered children of broad age groups spanning from children to adolescent. The studies found no significant age difference mostly included children of narrower age ranges. However, this is by no means a hard and fast rule. Stavrakaki et al. (1987) employing children with age ranging from 6 to 16 still found no significant age effect whereas Verhulst and Akkerhuis (1989) found slight significant effect of age even with children of more narrower age range (4 - 12).

Effect of child's sex

Achenbach et al. (1987) found no significant difference in informant agreement in relation to child's sex. Several later studies reviewed above obtained similar findings. Kolko et al. (1993) compared the parent-child, parent-teacher and teacher-child correspondence on internalizing, externalizing and total problem in boys and girls. Out of nine possible significant differences, only one significant finding for greater parent-child agreement in girls than boys was obtained. Thus by and large, informant agreement was same for boys and girls. In Verhulst et al.'s study (1987), parent-child correlation for the 22 scales was compared for sex difference. No single one significant difference was obtained, indicating no significant sex difference in the level of informant agreement. Ines and Sacco (1992) investigated sex difference in teacher-child concordance on depressive symptoms and found that the parent-teacher agreement for male ($r = .43$) was not different from that

for female students ($r = .48$). Some other studies in the literature similarly found no effect of child's sex on informant correspondence (Verhulst et al., 1989; Renouf et al. 1994).

However, a host of other studies reviewed above obtained different findings. Some studies found that informant correspondence on child psychopathology was better for boy than for girl. Angold, Weissman, John, Merikangas, Prusoff, Wickramaratne, Gammon and Warner (1987) found that parent-child agreement indicated by Kappa equal to 0.55 for boys was significantly higher than the Kappa equal to 0.28 for girls regarding children's depressive symptoms. Gagnon, Vitaro and Tremblay (1992) found that parent-teacher concordance on children's externalizing behavior ($r = .39$) in boys was significantly higher than that in girl ($r = .26$). In contrast to these findings, several other studies found a reversed sex effect that informant agreement was better for girl than for boy. Verhulst et al. (1992) found significantly higher parent-child agreement in Anxious/Depressed syndrome and Thought problem for girls than for boys ($r = 0.50$ for girl versus $r = 0.34$ for boys in Anxious/Depressed syndrome, $r = 0.35$ for girl versus $r = .018$ for boy). Epkins (1996) found that parent-child correspondence on depression and anxiety for girls was significantly higher than for boys ($r = .51$ for girls versus $r = .23$ for boys in depression, $r = 0.51$ for girls versus $r = .23$ for boys in anxiety).

The picture is even more complicated when considering the differential sex effect on informant agreement for different type of psychopathology. Epkins and Meyers (1994) found that parent-child convergence was significantly higher for girls than for boys on depression. On the other hand, parent-child agreement was significant for boys on aggression but not for girls. The authors conjectured that parents may be more aware of behavioral symptoms of boys and emotional problem

of girls, or boys and girls are more willing to report problem expected for their sex roles thus more congruent with others' report in the corresponding areas. Still another inconsistent result was found by Tarullo et al. (1995) that parent-child convergence was significantly better for preadolescent boys than for girls in internalizing problem, whereas agreement was significantly higher for adolescent girls than for boys in disruptive behavior. Somewhat similarly, in another study parent-child agreement on diagnosis of depression was more likely for boys (odd ratio = 2.25) whereas parent-child agreement was less likely for boys in fighting (odd ratio = 0.23). These findings give rise to another possibility that parents may be more sensitive to sex-atypical disorders such as mood disorder for boy or disruptive disorder for girl, leading to a differential congruence with children of different sex (Tarullo et. al, 1995).

Effect of type of psychopathology

Except for one study (Stanger & Lewis, 1993), several recent studies reviewed above found that concordance between different sources was higher in externalizing problem than internalizing problem. For example, Jensen, Traylor, Xenakis and Davis (1988) found significantly higher correlation between parent and teacher in externalizing problem than in internalizing problem. Phares, Compas and Howell (1989) found that parent-child and teacher-child agreements were significant for externalizing problem but not for internalizing problem. Similar results were found by other studies (Verhulst et al., 1989; Thompson, Merritt, Keith, Murphy & Johndrowm 1993; Hodges, Gordon & Lennon, 1990). Such tendency in informant agreement plausibly suggests that convergence among raters is enhanced when symptoms are observable and conspicuous behavior. Agreement is least for private

and subjective experience which is difficult to be observed and judged by others (Hodges et al., 1990; Verhulst et al., 1989; Kolko et al., 1993).

Better informant agreement in externalizing problems is found with children of both sex and different age as shown by the above studies. However, except for one study (Hodges et al., 1990), all the other studies cited above adopted non-clinical subject. Furthermore, it was found in one study (Kollo et al., 1993) that in patient sample the parent-child agreement was not significantly different in externalizing and internalizing behavior. So it remains to be equivocal whether such concordance pattern is stable with children of different clinical status.

Effect of child's clinical status

Achenbach et al.'s study (1987) found that informant agreement did not differ as a function of child's clinical status. Recent studies obtained different findings. Kolko and Kazdin (1993) found that in non-patient sample, agreements among parent, teacher and child were all significant on externalizing and internalizing behavior but not significant for clinical subjects in internalizing behavior. Epkins (1993) found that teacher-child correspondence on depression, anxiety and aggression was significant for elementary school subjects but not significant for the in-patient children except for aggression. Also teacher-child correspondence in non-patient children was significant higher than that in in-patient children on depression. Similarly, another study found that parent-child correspondence was significantly higher in elementary school children than that in in-patient children on depression and anxiety (Epkins, 1996). The above findings suggest that informant concordance on child psychopathology is lower when children have been referred for helping services.

Apart from the finding on correlation, many studies found that the pattern of informants in rating severity of child's symptoms differed across clinical and non-clinical samples, although there was no single uniform pattern. Several studies similarly found that community children reported a higher severity of symptoms than their parent. Epkins (1996) found that community children rated themselves significantly higher than their parent in various types of symptoms including depression and aggression whereas inpatient children rated themselves significantly lower than their parent did. In Sawyer, Baghurst and Mathias's study (1992), community children reported a higher severity of externalizing and internalizing problem than their parents. Epkins (1993) found that elementary school children reported a greater severity of depression and anxiety than their teachers. These studies seem to find a trend for non-clinical sample to rate themselves more severe than other adults informants' rating regardless of types of symptoms. The pattern found for clinic-referred sample is more complicated. In the same study cited above, Sawyer et al. (1992) found that children reported significantly more internalizing but less externalizing symptoms than their parents. In the same study cited above, Epkins (1993) found that inpatient children reported less aggression but roughly equivalent level of depression than their teachers. These results were generally in line with Offord, Adler and Boyle's (1986) finding that community children reported more symptoms including both internalizing and externalizing problems than their parents whereas clinical children consistently reported less externalizing problems than their children. These findings may suggest that referred children underreport externalizing problems. There is also the possibility that adults tend to be more sensitive to problems that violate social rules than to subjective distress of children. Children being referred for helping service are those who have more conspicuous

problem irritating to others (Sawyer et al. 1992; Verhulst, Koot & van der Ende, 1994).

A remark

A review on the pattern of informant agreement in relation to different potentially important variables reveals an obscured picture. Perhaps the most unequivocal findings refers to higher informant agreement found in externalizing type of psychopathology. However, whether such pattern applies to children being referred for help awaits further confirmation. As can be seen, different variations of informant agreement suggest different possible reasons for the differences in perception and rating of child psychopathology by different informants. The present study continued the effort to investigate the degree of informant agreement and its variations in relation to the four parameters reviewed above.

Who is the reliable and valid informant?

Despite the fact that informant agreement is found higher in some occasions than the other, such as in externalizing behavior, the correspondence of multiple sources is still far from perfect. The low informant agreement has led to the doubt on the reliability of particular informant. Edelbrock et al. (1985) found that young children under 10 obtained only average test-retest reliability of .43 and were unreliable informant for many types of symptoms reported on DISC as compared to their parents (average test-retest reliability for parents = .76). Edelbrock et al. (1986) also showed that the improved reliability of children's report contributed to higher parent-child concordance. However, the unreliability of informants in reporting symptoms cannot adequately and fully explain the low informant agreement. Even with more reliable informant such as older children aged 14-18 in Edelbrock et al.'s

study (1986), parent-child correspondence was only 0.35, which was still far from perfect.

Achenbach had cogently argued for the separation of the issue of unreliability from informant discrepancy (Achenbach et al., 1987). The low to moderate correlation found may indicate different yet valid information contributed by different informants, particularly when considering that reports of different informants have achieved good test-retest reliability (up to Pearson r in the .80 to .90) by using rating scales (Achenbach, 1991a, 1991b, 1991c) and also with structured interviews (Chambers, Puig-Antich, Hirsch, Paez, Ambrosini, Tabrizi & Davies, 1985; Hodges, Cools, & McKnew, 1989). Other than the informant variance such as informant bias or unreliability, the discrepancy may signify the real situation variations of children's problem behavior across different contexts and in relation to different people, though it remains difficult to separate the two.

Other than the situation-specificity of children's problem behavior, there are some other plausible reasons that limit our expectation for a perfect informant correspondence. Different informants are limited to specific contexts to observe children's behavior and thus likely to expose to different samples of children's behavior. Teachers mostly observe students in school whereas parents observe children in family. Informants having different relations with children may be different in their effect on children's behavior with their presence. Informants may also be different in their own threshold and standard to judge and report child's problem. As also demonstrated in various previous studies, specific type of psychopathology such as those of internalizing in nature appears difficult to be detected and judged by the observer. With the consideration of the various possible limits that we can expect informants to concur with each other, it seems to be a

fallacy to strive for perfect agreement between informants. Instead of achieving for a perfect convergence, the goal then is to evaluate these different sources of information so that those disparate data can be coordinated to arrive at the best estimate of the child.

Of particular interest, a survey showed that researchers and clinicians did weight information of different informants unequally in assessment of child psychopathology. (Loeber, Green & Lahey, 1990). For example, for hyperactivity and inattention, teacher was seen as the most useful informant, followed by mother and then the child. For internalizing problems, mother was considered as the most useful informant, followed by child and then teacher. The authors suggested that one of the possible reasons underlying mental health professionals' preference for particular informant may be related to the different predictive ability of long-term outcome of different sources of information. Should we regard different informants as all valid sources of information to aid assessment of child's problem behavior? Or should we weight them differentially in aggregating the discrepant information? Up today there is no definite guideline as to who is the valid informant and there is no golden rule for weighting and aggregating different information. These unresolved issues point to the importance of testing the validity of different sources of information.

One way of evaluating the validity of different sources of information is to test those information against the clinical diagnosis made independently by psychiatrist. In Moretti et al.'s study (1985), 60 8- to 17-year-old children admitted to inpatient and outpatient psychiatric unit for evaluation for depression was interviewed by an experienced psychiatrist to establish a DSM axis-I diagnosis. In another session they also completed two self-reported depression inventories. Parents completed a rating on their children's depression as well. It was found

parent's report did not significantly discriminated children receiving different diagnoses including major depression, dysthymic disorder, conduct disorder and other diagnoses whereas children's report was significantly different for different diagnoses. In this study the clinical diagnosis was derived by interviewing the child only. There was the possibility that the diagnosis may partly over-represent the perspective of child thus increased the convergence between the diagnosis and child's self-report. In the second phase of an epidemiological study, 222 9- to 16-year-old children and their parents were interviewed separately by the same psychiatrist using 1985 revision of DISC. The psychiatrist coded the DISC responses for both parents and children, and on the other hand, aggregated information from interviews and teacher's report to arrive at a diagnosis (Bird, Gould & Staghezza, 1992). Parent and children's DISC response were regressed to predict psychiatrist's diagnosis. Results indicated that the parental response was most predictive of the diagnoses of Attention Deficit disorder, and children's DISC response was as predictive as parent's response on Anxiety and Depression. However, in this study the psychiatrist coding the DISC response also provided the diagnosis after reviewing information from interviews and teacher's report, the results may reflect the psychiatrist's preference for a particular informant in making the diagnosis. As can be seen in these two studies, psychiatrist's diagnosis as an external, independent validity criterion against which information from different informants to be tested is not totally independent of the informants' perception.

Another way of evaluating information from different sources is to test its power to predict some important external correlates of psychopathology including poor outcomes, concurrent impairment or risk factors associated with problem behaviors. Studies comparing the predictive ability of different sources are relatively

sparse. Loeber, Green, Lahey and Stouthamer-Loeber (1991) compared the prospective utility of the information from 177 boys aged 7 to 13, their mothers and teacher obtained through DISC (Costello et al., 1987) on boys' disruptive behavior to predict one-year poor outcomes which included child's school suspension, child's police contact, child's repeating a grade and child's special class placement, all basing on parent's report. The authors found that all 3 informants associated with at least one poor outcome but adults' report associated various outcomes more than boy's report did. Somewhat similarly, another study focused on the reports of mothers, teachers and children on disruptive behavior of 177 clinic-referred boy aged 7 to 12 obtained through DISC (Hart, Lahey, Loeber & Hanson, 1994). The relative validity of different information was tested by their differential association with some concurrent impairments associated with disruptive behavior including parent report of school suspensions, police contacts, peer ratings of negative social preference and aggressive social status, and academic underachievement. Results indicated that teacher alone was valid informant for children's CD, ODD whereas parent and child alone, or in combination was not valid informant for ODD. These two studies, longitudinal and cross-sectional in nature respectively, seem to support the validity of adults' report, particularly teacher's information in assessing disruptive behavior of children.

In another study, parents and teachers of 946 children aged 4 to 11 completed the Child Behavior Checklist and the Teacher Report Form (Verhulst, Koot & Ende, 1994). The predictive ability of parents and teachers' reports on various signs of disturbances of children over 6 six years was compared. The sign of disturbances obtained through parent interview was dichotomized to yes or no depending whether there was presence of any one or more poor outcomes including academic problems,

school behavior problems, receipt of mental health services, child's need for professional help, child's police contacts. Poor outcome was significantly predicted by two parent's syndromes and three teacher's syndromes. Results thus indicated that teachers' report predicted poor outcomes over six years as well as and even better than parent's report.

All the above studies adopted children of younger age. The first two studies includes only boys and the findings cannot be necessarily generalized to girls. The third study did not include children as informants. The present study continued this line of study to test the validity of information from different informants against a range of external correlates of psychopathology.

Focuses of the present study

The present study examined the correspondence between different informants including parents, teachers and adolescents on rating internalizing and externalizing behavior problems of adolescents. The informant concordance on the severity of child's problem behavior and the correlation between the ratings by different informants were examined. Particular focuses had been placed on the pattern and variations of informant concordance in relations to four potentially important parameters as indicated by the findings of literature. These four parameters are children's sex, age, clinical status and type of psychopathology being rated. The question of validity of different sources of information had been raised in previous studies in the light of limited informant correspondence. The second part of the present study aimed at testing the validity of the reports of different informants, following the procedures employed in establishing the construct validity. Construct validity represents one of the key types of validation procedure for psychological measures. It specifies that of a measure is to be valid, it should demonstrate expected

association with other variables which have been found by other previous studies to be theoretically and empirically related to the construct being measured. Many epidemiological studies showed that child and adolescent psychopathology was associated with various risk factors including that pertaining to child (e.g. chronic illness), family (e.g., parental criminality, family dysfunction), and socioeconomic environment (low socioeconomic status). Child and adolescent psychopathology was also associated with poor outcome indicative of psychosocial maladjustment (police contact, being referred for service). (Rae-Grant, Thomas, Offord & Boyle, 1989; Offord et al., 1992; Grizenko & Fisher, 1992; Verhulst, 1996). For a measure of the psychopathology to be valid, it should demonstrate expected association with these external correlates of psychopathology.

To test the construct validity of ratings by different informants, ten external correlates known to be related to child psychopathology were selected in the present study. These external correlates were comparable to the risk factors and poor outcomes. The association between the ratings by different informants and those correlates would be examined. Furthermore, the relative predictive ability of the ratings by different informants on the selected correlates of psychopathology would be tested. The ten selected external correlates of psychopathology included: (1) repeating a grade, (2) Parental-rated learning problem (3). Referral for special education, each indicative of learning impairment, (4) social adversities (defined by low family income, poor living environment, being single-parent family, receiving public assistance, low parental education, large family size), (5) parenting style (parental supervision and involvement) , (6) parent-rated high family stress , (7) child-rated high family stress, each indicative of family dysfunction, (8) parent-rated

high personal stress of child, (9) child-rated high personal stress, and (10) referral status of child.

To the author's knowledge, no similar study had been conducted with Chinese culture. Basing upon 469 6-to-13-year-old children from Fujian province of Mainland China, Weine, Philips and Achenbach (1995) reported Chinese teacher-parent concordance with average r equal to .36 which was not statistically different from that obtained in U. S. However, this study focused mainly on cross-cultural comparison. The present study adopted a comparatively large sample randomly selected from the community. Moreover, parallel rating scales for parent, teacher, and children were used. The equivalent content of the ratings will allow direct comparison of different perspectives of those informants without contamination of information variance resulted from the differences in the instruments. The findings will add knowledge to the assessment of child psychopathology within a local context.

CHAPTER TWO

METHOD

Subjects

A total of 1709 boys and girls studying from one to seven were randomly selected from 35 secondary schools in Hong Kong. Students completed the Youth Self Report. Their parents and class teachers completed the Child Behavior Checklist and Teacher Report Form respectively. As such, three questionnaires respectively from parent, teacher and student himself or herself were obtained for each student. According to Achenbach (1991a, 1991b, 1991c), questionnaires having eight or more missing items are regarded as invalid. Students were thus excluded from the original sample if any one of the three questionnaires had eight or more missing items. This led to an exclusion of 534 students and resulted in 1175 students as the final sample.

Among 1175 students, 588 were boys and 570 were girls (17 was missing data). Their age ranged 12 to 18 with the following distribution: 10.6 % aged 12 (122), 21.4 % aged 13 (248), 20 % aged 14 (235), 16.6 % aged 15 (195), 14.5 % aged 16 (170), 9.5 % aged 17 (112), 6.3 % aged 18 (74). Regarding their grade, 23.3 % attended form one (272), 22.6 % form two (265), 20 % form three (235), 15.5 % form four (182), 9.7 % form five (114), 7 % form six (82), 1.4 % form seven (16). For the school bands of the sample, 9.3 % were from band-1 schools (109), 14.9 % from band-2 schools (175), 29.9 % from band-3 schools (351), 12.5 % from band-4 schools (147), 21.4 % from band-5 schools (252), 10.4 % (122) were missing data.

Regarding the socioeconomic status of the sample, most of them (45.9 %) lived in public housing estate. The family income was mostly in the range of 8,001 to 15,000 (41.7%). Only 3.7 % of the families were on public assistance, indicating

serious financial difficulties of the families. 66.9 % of the fathers and 75.5 % of the mothers had education below junior secondary (form three). 54% of the mothers were housewives and most of the remaining working mothers engaged in manual works. 55.2 % of the fathers engaged in manual works, plant and machine operation, craft and related work. Most of the families were nuclear families (88.3%). 5.4 % of them were single-parent families and 1.4 % were reconstituted families.

Instruments

Child Behavior Checklist (CBCL), Youth Self Report (YSR), Teacher Report Form (TRF)

The three questionnaires adopted to measure the emotional and behavioral problems of adolescents from different informants were parallel rating scales developed by Achenbach (1991a, 1991b, 1991c). These three ratings contain items that describe emotional and behavioral problems pertaining to children and adolescents. The development of these instruments was based on the factor analytic findings. Initially, eight to nine behavior syndromes in different age/sex groups rated by self, parents and teachers were identified. Through second-order factor analyses some of the behavior syndromes that clustered closely were grouped into two broadband syndromes, i.e., the Internalizing Problems and the Externalizing Problems (Achenbach, 1985).

Achenbach (1991a, b, c) aggregated the factors derived in different sex/age groups rated by different informants. Separate principal component analyses of 4,455 CBCLs, 2,815 TRFs, and 1,272 YSRs had been performed. The derived factors of different sex/age groups on the three different ratings were compared. He identified eight robust syndromes common to different sex/age groups and across different informants' ratings. Items common to the syndromes of at least two of the

three instruments were used to define the syndromes. These robust syndromes designated as “cross-informant syndromes” include: Withdrawal, Somatic Complaints, Depressed/Anxious, Attention Problems, Social Problems, Thought Problems, Aggressive Behavior, Delinquent Behavior. Withdrawal, Somatic Complaints and Depress/Anxious covaried with each other and were grouped under Internalizing Problems whereas the Externalizing Problems subsumed the Aggressive Behavior, Delinquent Behavior. Because the eight behavior syndromes and most of the constituent items are common to all the three instruments, data obtained from parents, teachers, and children are thus directly comparable.

Intercorrelation among these behavior syndromes separately on the three ratings, as well as the reliability and validity of the instruments were reported in details in the individual manuals (Achenbach, 1991a, b, c). Briefly, the eight behavior syndromes and the two broad-band syndromes were intercorrelated. The magnitude of the intercorrelations among the syndromes ranged from .29 to .63 on the CBCL (Achenbach, 1991a), .22 to .62 on the YSR, and .26 to .76 on the TRF, all obtained the U.S. non-referred boys of older age group. The two broadband syndromes were also moderately correlated with each other with r equal to .63 on the CBCL, r equal to .60 for the YSR and r equal to .48 for the TRF. Internal consistency of the syndromes as indicated by Cronbach’s alpha ranged from .59 to .95 for the YSR, .68 to .96 for the CBCL, .70 to .97 for the TRF, all basing on data obtained from the referred boys of older age group. Satisfactory test-retest reliability of the syndrome scales on the three instruments was indicated by a mean r of .89 over a 7-day interval of mother’s ratings on 80 4- to 16-year-old subjects, mean r of .92 over a 15-day interval of teacher’s ratings on 8- to 9-year-old students, and mean r of .83 over a 7-day interval of self-rating of 15- to 18-year old subjects. Apart from

reliability, the CBCL, YSR and TRF had satisfactory validity in terms of the content validity, criterion-related validity and construct validity (Achenbach, 1991a, b, c).

The CBCL, YSR and TRF were translated into Chinese and back translated to ensure the quality of the translation. CBCL comprises 112 problem items and YSR and TRF comprise 113 problem items rated by different informants using 0, 1, 2 to indicate the severity of the behavior. 89 items are common to the three instruments and form the Total problems. The scores of the eight syndromes were derived by adding the raw score of the items defining the cross-informant syndromes reported by Achenbach (1993), excluding the instrument-specific items.

Sociodemographic Information Questionnaire

This questionnaire comprises items about the sociodemographic data of the families including education level of the parents, living condition, family income, family size, family structure, financial difficulties of the family, referral status of the child, etc. The information were important data to define the level of social adversities of the family. The questionnaire was attached with the CBCL to be completed by the parent.

Parenting Style Questionnaire (Lamborn, Mounts, Steinberg & Dornbusch, 1991)

Lamborn et al.'s parenting style questionnaire was translated into Chinese and back translated. It contains 24 items regarding the parental care-giving practices. Some of the items are in true/false format whereas some are of 3-point Likert scale. Two dimensions of parenting, namely the acceptance/involvement (for brevity, the factor will be designated as "involvement" in the present study) factor and the strictness/supervision (for brevity, the factor will be designated as "supervision" in the present study) can be derived. The dimension of warmth reflects the degree to

which the adolescents perceive the parents as loving, responsive and involved. The dimension of control measures the extent of parental monitoring and supervision of the adolescent. Lamborn et al. (1991) reported alpha of .72 and .76 for the warmth and control scales respectively obtained from 10,000 adolescents attending ninth- to twelfth-grade of nine high schools in U. S.

Measures of the ten selected external correlates of child and adolescent psychopathology

“Repeating a grade” was answered by parent in a yes/no item, “Parent-rated learning problem” was derived from a yes/no item asking whether their child had learning difficulties. “Referral for special education” was answered by teacher in a yes/no item. “Social adversities” was a global index derived by summing the score for the presence of: being single-parent family, paternal education lower than F.1, maternal education lower than P.3, living in temporary housing, living area less than 45 sq. ft. per person, receiving public assistance in the past half year, monthly family income less than HKD 8000, father engaging in manual work, mother engaging in manual work, family size more than 7 persons. “Parenting style” was assessed through a child-reported parenting questionnaire (Lamborn, Mounts, Steinberg & Dornbusch, 1991). A dimension defining by parental supervision as well as involvement was derived. High score indicates more supervision and involvement from parent than that indicated by low score. Lamborn et al. (1991) showed that low parental involvement and supervision were related to child’s emotional and behavioral problem. “Parent-rated family stress” and “child-rated family stress” were answered by parent and child respectively on a 5-point Likert scale. “parent-rated personal stress of child”, “child-rated personal stress” were also answered by parent and child respectively through a 5-point Likert scale. “Referral status of child” was

dichotomized into “referred group and non-referred group”. Those counted into referred group were children who had sought help from school social worker, or social worker outside school, or student guidance officer, or psychologist and psychiatrist.

Procedure

A total of 35 secondary schools of different academic rank (band one to band five) were randomly selected in Hong Kong, with the support of the Education Department of Hong Kong. Each randomly selected school followed a standardized procedure to randomly select one male and one female student randomly from each class of their school. Students completed the Youth Self Report and Parenting Questionnaire (Lamborn et al., 1991). The class teachers completed the Teacher Report Forms regarding the two selected students. Parents completed the Child Behavior Checklist and a sociodemographic information questionnaire and returned the questionnaires to schools afterwards. All the questionnaires were anonymous. Students and parents’ questionnaires were collected by school and mailed to the Department of Psychology of the Chinese University of Hong Kong.

Statistical analysis

To examine the agreement on the level of severity of externalizing and internalizing problems rated by parents, teachers, and adolescents in relations to child’s sex, age and clinical status, a series of analyses of variance were conducted to test the difference of the mean ratings given by different informants. Pearson r was computed to indicate the level of agreements among the three informants on Internalizing, Externalizing and total Problems. Test of the difference between correlation was done by Fisher $r - z$ test in which r was transformed firstly to Fisher r adjusted for sample size and then tested by z test. The association between ratings by

different informants and the external correlates of psychopathology was indicated by the Pearson r or Point-biserial r between them. Noted that Point-biserial correlation was applied wherever one of the variable was dichotomous (e.g. repeat a class) and the other was continuous. Finally, a series of multiple regression and logistic regression were conducted to assess the predictive ability of ratings from different informants on the selected external correlates. Logistic regression was applied for dichotomous criterion variable, i.e., repeating a class, referral for help, parent-rated learning problems of child, referral for special education in the present study whereas multiple regression was applied for the remaining continuous criterion variables including parent- and self-rated family stress, parent- and self-rated personal stress of adolescents, parental control and warmth and social adversities.

CHAPTER THREE

RESULTS

The results will be presented in four parts. The first part reports the internal consistency of the CBCL, YSR, TRF syndromes, and the intercorrelations among the syndromes within each instrument. The second part focuses on the informant's concordance, in particular, in relations to child's sex, age, clinical status and type of psychopathology being rated. The third part reports association between the ratings by different informants and the ten external correlates of psychopathology. The last part presents and the predictive value of these ratings on different external correlates of psychopathology.

Internal Consistency of the CBCL, YSR, TRF Syndrome Scales and Intercorrelation Among Syndrome Scales

Internal consistency of the syndrome scales as indicated by Cronbach alpha ranged from .62 for Social problems to .94 for Total problems in the CBCL, .61 for Social problems to .94 for Total problems in the YSR, and .66 for Thought problems to .95 for Total problems in the TRF. The results were generally similar to those found in the referred sample of the same age range reported by Achenbach (1991a, 1991b, 1991c). Table two listed the alpha of each syndrome scale in each instrument obtained in the present sample.

Table 2
Internal consistency of CBCL, YSR, and TRF syndromes

cross-informant syndromes	Alphas of CBCL scales	Alphas of YSR scales	Alphas of TRF scales
Withdrawn	0.77	0.64	0.84
Somatic Complaints	0.77	0.74	0.80
Anxious/Depressed	0.83	0.85	0.86
Social Problems	0.62	0.61	0.72
Thought Problems	0.64	0.62	0.66
Attention Problems	0.79	0.74	0.85
Delinquent Behavior	0.66	0.66	0.76
Aggressive Behavior	0.88	0.84	0.91
Internalizing Problems	0.89	0.89	0.91
Externalizing Problems	0.89	0.87	0.93
Total Problems	0.94	0.94	0.95

Combined sample with N = 1175

Intercorrelations among the eight syndrome scales were moderately high for all the three instruments. For the CBCL, intercorrelation among the eight syndromes as indicated by Pearson r ranged from .36 (between Somatic Complaints and Social Problems) to .74 (between Delinquent Behavior and Aggressive Behavior), as compared to the intercorrelation ranging from .29 (between Somatic Complaints and Delinquent behavior) to .63 (between Delinquent Behavior and Aggressive Behavior) found in the US non-referred boys (Achenbach, 1991a). For the YSR, intercorrelation among the eight syndromes ranged from .34 (between Delinquent Behavior and Withdrawn) to .70 (between Withdrawn and Anxious/Depressed), as compared to the intercorrelation ranging from .22 (between Delinquent Behavior and Thought problems) to .62 (between Withdrawn and Anxious/Depressed) in the US non-referred boys (Achenbach, 1991b). Intercorrelation for the eight TRF syndromes ranging from .29 (between Withdrawn and Aggressive Behavior) to .82 (between Aggressive and Delinquent Behavior) was comparable to those obtained in the US non-referred boy with intercorrelation ranging from .26 (between Withdrawn and Aggressive Behavior) to .76 (between Aggressive and Delinquent Behavior) (Achenbach, 1991c).

The two broadband syndromes, internalizing and externalizing behavior, were moderately correlated in the ratings of all the three instrument in the present sample. Pearson r between the two syndromes was .67 for the CBCL, .60 for the YSR and .49 for the TRF. The results were very similar to those obtained in US non-referred boys (.63 for the CBCL, .60 for the YSR and .48 for the TRF) reported by Achenbach (1991a, 1991b, 1991c). Table 3, 4 and 5 listed the intercorrelation matrix of the CBCL, YSR, and TRF syndromes respectively.

Table 3
Intercorrelations among CBCL syndromes

	With	Som	Dep	Soc	Tho	Att	Del	Agg	Int	Ex	Tot
With	/	.46	.69	.55	.47	.58	.48	.53	.84	.55	.75
Som		/	.54	.36	.45	.39	.41	.44	.74	.46	.64
Dep			/	.62	.53	.67	.55	.65	.92	.66	.86
Soc				/	.47	.70	.48	.56	.63	.57	.73
Tho					/	.50	.48	.48	.58	.51	.65
Att						/	.59	.70	.67	.71	.82
Del							/	.74	.57	.85	.76
Agg								/	.66	.98	.87
Int									/	.67	.90
Ext										/	.89
Tot											/

All p value of the correlations are < 0.0001

With = withdrawn, Som = Somatic Complaints, Dep = Anxious/Depressed,
 Soc = Social Problems, Tho = Thought Problems, Att = Attention Problems,
 Del = Delinquent Behavior, Agg = Aggressive Behavior, Int = Internalizing problems, Ext =
 Externalizing Problems, Tot = Total Problems

Table 3
Intercorrelations among CBCL syndromes

	With	Som	Dep	Soc	Tho	Att	Del	Agg	Int	Ex	Tot
With	/	.46	.69	.55	.47	.58	.48	.53	.84	.55	.75
Som		/	.54	.36	.45	.39	.41	.44	.74	.46	.64
Dep			/	.62	.53	.67	.55	.65	.92	.66	.86
Soc				/	.47	.70	.48	.56	.63	.57	.73
Tho					/	.50	.48	.48	.58	.51	.65
Att						/	.59	.70	.67	.71	.82
Del							/	.74	.57	.85	.76
Agg								/	.66	.98	.87
Int									/	.67	.90
Ext										/	.89
Tot											/

All p value of the correlations are < 0.0001

With = withdrawn, Som = Somatic Complaints, Dep = Anxious/Depressed,
 Soc = Social Problems, Tho = Thought Problems, Att = Attention Problems,
 Del = Delinquent Behavior, Agg = Aggressive Behavior, Int = Internalizing problems, Ext =
 Externalizing Problems, Tot = Total Problems

Table 5
Intercorrelations among TRF syndromes

	With	Som	Dep	Soc	Tho	Att	Del	Agg	Int	Ext	Tot
With	/	.41	.72	.58	.48	.50	.33	.29	.88	.32	.68
Som		/	.53	.38	.42	.37	.36	.38	.66	.39	.59
Dep			/	.63	.58	.59	.50	.50	.94	.52	.82
Soc				/	.56	.73	.56	.61	.65	.62	.81
Tho					/	.56	.54	.56	.60	.58	.73
Att						/	.66	.69	.59	.71	.84
Del							/	.82	.48	.90	.79
Agg								/	.46	.99	.83
Int									/	.49	.84
Ext										/	.85
Tot											/

All p value of the correlations are < 0.0001

With = withdrawn, Som = Somatic Complaints, Dep = Anxious/Depressed,
 Soc = Social Problems, Tho = Thought Problems, Att = Attention Problems,
 Del = Delinquent Behavior, Agg = Aggressive Behavior, Int = Internalizing problems, Ext =
 Externalizing Problems, Tot = Total Problems

Informant concordance on the severity of reported symptoms.

A series of analyses of variance were conducted to compare the level of parent, teacher, and child's ratings on Externalizing, Internalizing, and Total Problems between and within each sex. Table 6 listed the mean and standard deviation of parent, teacher and children's rating separately computed for boys and girls and the results of the between-sex and within-sex contrast.

Main effect of rater was significant in the ratings for Internalizing Problem (Wilks Lamda (.50), $F(2, 1147) = 566.96$, $p < .0001$), Externalizing Problem (Wilks Lamda (.51), $F(2, 1167) = 560.94$, $p < .0001$), and Total Problems (Wilks Lamda (.43), $F(2, 1167) = 764.02$, $p < .0001$). Results of contrasts indicated that across sex adolescent's self ratings were significantly higher than parent's rating, while parent's ratings were in turn significantly higher than teacher's ratings in each problem. Between sex contrasts found that the level of ratings from the three informants for boy were similar to the ratings for girls in Externalizing Problem and Total Problem. Significant sex difference was found in Internalizing Problems only, with self and parent ratings for girls significantly higher than that for boys.

Table 6
Agreement on the severity of reported problems by child's sex

				Results of ANOVAs	
Syn- drome	Informant	Boy N = 600 Mean / S.D.	Girl N = 574 Mean / S.D.	Between group comparison	Difference between self, parent teacher rating within each sex
Int	Self	12.34/ 7.87	15.73/ 8.73	G > B ^a	S>P>T in both sexes ^c
	Parent	7.70 / 7.13	9.41 / 7.58	G > B ^b	
	Teacher	4.47 / 6.06	4.49 / 6.14		
Ext	Self	11.21 / 7.52	10.65 / 6.66		S>P>T in both sexes ^d
	Parent	7.66 / 7.16	7.31 / 6.74		
	Teacher	3.88 / 6.33	2.56 / 5.30		
Total	Self	36.61 /20.37	40.92 /20.64		S>P>T in both sexes ^e
	Parent	23.44 / 19.06	24.76 /18.28		
	Teacher	13.42 / 15.94	10.43 /14.47		

Int = Internalizing problems,
Ext = Externalizing Problems, Tot = Total Problems
G = rating in girls, B = rating in boys
S = self-rating, P = parent's rating, T = teacher's rating

a = F(1, 1148) = 47.24, P < .0001
b = F(1, 1148) = 15.47, p < .0001
c = For boys: S > P: F(1, 1148) = 177.71, p < .0001, P > T: F(1,1148) = 74.99, p < .0001,
S > T: F(1, 1148) = 381.25, p < .0001
For girls: S > P: F(1, 1148) = 314.99, p < .0001, P > T: F(1,1148) =164.68, p < .0001,
S > T: F(1, 1148) = 740.67, p < .0001

d = For boys: S > P: F(1, 1168) = 144.66, p < .0001, P > T: F(1,1168) = 135.51, p < .0001,
S > T: F(1, 1168) = 517.98, p < .0001
For girls: S > P: F(1, 1168) = 122.48, p < .0001, P > T: F(1,1168) =204.82, p < .0001,
S > T: F(1, 1168) = 603.68, p < .0001

e = For boys: S > P: F(1, 1168) = 243.28, p < .0001, P > T: F(1,1168) = 121.84, p < .0001,
S > T: F(1, 1168) = 573.42, p < .0001
For girls: S > P: F(1, 1168) = 349.38, p < .0001, P > T: F(1,1168) = 237.22, p < .0001,
S > T: F(1, 1168) = 944.86, p < .0001

“Sex x rater” interaction effects were significant in Internalizing Problems (Wilks Lamda = .97, $F(2, 1147) = 16.67, p < .0001$) and Total Problems (Wilks Lamda (.97), $F(2, 1172) = 12.18, p < .0001$), and each accounted for 1.6 % and 1.3 % of variance respectively. In Internalizing problems, pair-wise comparisons found the following results: For parent-child pair, child-parent discrepancy was more salient for girls than for boys in Internalizing Problems ($F(1, 1148) = 11.1, p < .001$). That is, relative to their parents, adolescent girls rated themselves higher than boys in Internalizing problems. For child-teacher pair, adolescent girls reported more problems than boy, relative to their teachers ($F(1, 1148) = 33.1, p < .0001$). For parent-teacher pair, it was found that parents, relative to teachers, reported more internalizing problems of their children for girls than for boys ($F(1, 1148) = 9.59, p < .002$). In total problems, pairwise comparisons found the following results: For child-parent pair, adolescent girls rated themselves higher in Total problems than boys, relative to their parents ($F(1, 1168) = 6.14, p < .01$). For child-teacher contrast, adolescent girls, relative to teachers, rated themselves higher than boys ($F(1, 1169) = 27.72, p < .0001$). For parent-teacher pair, parent rated higher Total problems for girls than for boys, relative to teachers ($F(1, 1168) = 10.97, p < .001$).

Similar set of analyses were conducted to compare the level of symptoms of different informant between and within subjects of the two age groups. Table 7 listed the mean and standard deviation of parent, teacher and children’s rating separately computed for the 12 -14 versus 15 - 18 age groups and the results of the between-age and within-age contrast.

Table 7

Agreement on the severity of reported problems by child's age

Syn- drome	Informant	Results of ANOVAs			
		12 - 14 N = 624 Mean / S. D.	15 - 18 N = 551 Mean / S. D.	Between group comparison	Difference between self, parent teacher rating within each group
Int	Self	12.91 / 8.55	15.23 / 8.22	old > young ^a	S > P > T in both groups ^c
	Parent	8.09 / 7.25	9.07 / 7.57		
	Teacher	4.48 / 6.31	4.44 / 5.83		
Ext	Self	10.46 / 7.21	11.47 / 6.98		S > P > T in both groups ^d
	Parent	7.78 / 7.16	7.12 / 6.68		
	Teacher	3.58 / 6.39	2.82 / 5.21		
Total	Self	36.44 / 20.83	41.32 / 20.12	old > young ^b	S > P > T in both groups ^e
	Parent	24.08 / 18.80	24.10 / 18.57		
	Teacher	12.56 / 16.74	11.21 / 13.81		

Int = Internalizing problems, Ext = Externalizing Problems, Tot = Total Problems
 young = rating in sample of 11 - 14, old = rating in sample of 15 - 18,
 S = self-rating, P = parent's rating, T = teacher's rating

a = $F(1, 1153) = 21.70, p < .0001$

b = $F(1, 1173) = 16.64, p < .0001$

c = younger group : S > P: $F(1, 1173) = 224.13, p < .0001$, P > T: $F(1, 1173) = 166.25, p < .0001$,
 older group : S > T: $F(1, 1173) = 628.48, p < .0001$
 S > P: $F(1, 1173) = 384.35, p < .0001$, P > T: $F(1, 1173) = 184.05, p < .0001$,
 S > T: $F(1, 1173) = 883.17, p < .0001$

d = younger group : S > P: $F(1, 1173) = 87.19, p < .0001$, P > T: $F(1, 1173) = 174.51, p < .0001$,
 older group : S > T: $F(1, 1173) = 481.82, p < .0001$
 S > P: $F(1, 1173) = 201.78, p < .0001$, P > T: $F(1, 1173) = 161.84, p < .0001$,
 S > T: $F(1, 1173) = 671.67, p < .0001$

e = younger group : S > P: $F(1, 1153) = 197.21, p < .0001$, P > T: $F(1, 1153) = 94.84, p < .0001$,
 older group : S > T: $F(1, 1153) = 445.19, p < .0001$
 S > P: $F(1, 1153) = 287.28, p < .0001$, P > T: $F(1, 1153) = 141.45, p < .0001$,
 S > T: $F(1, 1153) = 655.16, p < .0001$

Main effect of rater was significant in ratings for Internalizing Problem (Wilks Lamda (.50), $F(2, 1152) = 565.92$, $p < .0001$), Externalizing Problem (Wilks Lamda (.50), $F(2, 1172) = 576.54$, $p < .0001$), and Total Problems (Wilks Lamda (.43), $F(2, 1172) = 769.83$, $p < .0001$). Results of within-group contrasts found that in both younger and older groups adolescent's self ratings were significantly higher than parent's rating, while parent's ratings were in turn significantly higher than teacher's ratings. Between the two age groups, self rating was significantly higher for older adolescents than for younger adolescents in Internalizing Problems and Total Problems.

Significant "rater x age" interaction effect was found in ratings for Internalizing Problem (Wilks Lamda (.99), $F(2, 1152) = 8.55$, $p < .0001$), Externalizing Problem (Wilks Lamda (.98), $F(2, 1172) = 10.57$, $p < .0001$), and Total Problems (Wilks Lamda (.98), $F(2, 1172) = 12.18$, $p < .0001$). The interaction effect accounted for only .8 % of variance in Internalizing Problem and Externalizing Problem respectively, and 1.1 % in Total Problems. In Internalizing Problems, pairwise comparisons found the following results: for child-parent pair, adolescents rated themselves higher, relative to parents, for older group than for the younger group in Internalizing problem ($F(1, 1153) = 7.03$, $p = .008$). For child-teacher contrast, older adolescents reported more internalizing problems than younger adolescents, relative to their teachers ($F(1, 1153) = 16.64$, $p < .0001$). Relative to parents and teachers respectively, older adolescents also rated themselves higher in Externalizing Problems and in Total Problems than younger adolescents (child vs. parent in Externalizing: $F(1, 1173) = 15.66$, $p < .0001$; child vs. teacher in Externalizing: $F(1, 1173) = 14.86$, $p < .0001$; child vs. parent in Total Problem: $F(1,$

1173) = 16.28, $p < .0001$; child vs. teacher in Total Problems: $F(1, 1173) = 20.15, p < .0001$)

Same analyses were conducted to compare the severity of symptoms on the three problem areas reported by different informants between and within referred and non-referred groups. Table 8 presented the mean and standard deviation of parent, teacher and children's rating separately computed for referred and non-referred sample and the results of the between and within group contrast.

Main effect of rater was significant in Internalizing Problem (Wilks Lamda (.81), $F(2, 1152) = 138.89, p < .0001$), Externalizing Problem (Wilks Lamda (.80), $F(2, 1172) = 143.46, p < .0001$), and Total Problems (Wilks Lamda (.76), $F(2, 1172) = 185.06, p < .0001$). Results of contrasts within each group found that adolescents reported a significantly higher severity of symptoms than parents, while parents in turn reported more symptoms than teacher, or both referred and non-referred adolescents.

Results of between-group contrasts found that parents and teachers of referred adolescents reported significantly higher level of Externalizing problems and Total Problems than those reported by parents and teachers of non-referred adolescents. The ratings of the three informants are similar for referred and non-referred sample in Internalizing Problems. Although no significant "rater x clinical status" interaction effect was found, contrast found that relative to their parents, non-referred adolescents reported a higher level of Internalizing problems than the referred group ($F(1, 1153) = 9.16, p < .003$).

Table 8

Agreement on the severity of reported problems by child's clinical status

Syn- drome	Informant	Results of ANOVAs			
		Non-referred N = 1083 Mean / S. D.	Referred N = 92 Mean / S. D.	Between group comparison	Difference between self, parent teacher rating within each group
Int	Self	14.3/ 8.40	13.67/ 9.29		S > P > T in both groups ^e
	Parent	8.37 / 7.03	10.71 / 10.78		
	Teacher	4.40 / 6.01	5.22 / 6.96		
Ext	Self	10.81 / 6.80	12.39 / 10.04		S > P > T in both groups ^f
	Parent	7.26 / 6.62	9.97 / 9.70	re > non-re ^a	
	Teacher	3.02 / 5.62	5.70 / 7.98	re > non-re ^b	
Total	Self	38.68 / 20.08	39.35 / 26.46		S > P > T in both groups ^g
	Parent	23.54 / 17.59	30.59 / 27.86	re > non-re ^c	
	Teacher	11.54 / 14.95	16.46 / 18.30	re > non-re ^d	

Int = Internalizing problems, Ext = Externalizing Problems, Tot = Total Problems

re = rating in referred sample, non-re = rating in non-referred sample,

S = self-rating, P = parent's rating, T = teacher's rating

a = $F(1, 1173) = 13.00, p < .0001$

b = $F(1, 1173) = 17.87, p < .0001$

c = $F(1, 1173) = 12.19, p < .0001$

d = $F(1, 1173) = 8.83, p < .003$

e = referred: S > P: $F(1, 1153) = 10.46, p < .0001$, P > T: $F(1, 1153) = 32.96, p < .0001$,
group S > T: $F(1, 1153) = 65.14, p < .0001$

non-: S > P: $F(1, 1153) = 477.03, p < .0001$, P > T: $F(1, 1153) = 201.59, p < .0001$,
referred S > T: $F(1, 1153) = 1005.71, p < .0001$

f = referred: S > P: $F(1, 1173) = 10.37, p < .001$, P > T: $F(1, 1173) = 26.65, p < .0001$,
group S > T: $F(1, 1173) = 66.54, p < .0001$

non-: S > P: $F(1, 1173) = 261.87, p < .0001$, P > T: $F(1, 1173) = 309.64, p < .0001$,
referred S > T: $F(1, 1173) = 1061.06, p < .0001$

g = referred: S > P: $F(1, 1173) = 16.49, p < .0001$, P > T: $F(1, 1173) = 36.88, p < .0001$,
group S > T: $F(1, 1173) = 83.92, p < .0001$

non-: S > P: $F(1, 1173) = 579.69, p < .0001$, P > T: $F(1, 1173) = 312.98, p < .0001$,
referred S > T: $F(1, 1173) = 1388.32, p < .0001$

Correlation between parent's, teacher's and child's rating

Informant concordance in the total sample

Correlation between parent, teacher, and adolescent's ratings in Internalizing, Externalizing and Total Problems computed for the total sample were presented in table 9. Test of differences between correlations for different pairs of informants were conducted by Fisher-r z test.

Table 9
Concordance among informants in total sample

Syndrome	different combination of informant	Pearson r	difference between correlation / z-test
Internalizing Problems	parent-child	.44****	PC > PT, TC****
	parent-teacher	.07*	
	teacher-child	.09*	
Externalizing Problems	parent-child	.47****	PC > PT, TC****
	parent-teacher	.24****	
	teacher-child	.28****	
Total Problems	parent-child	.45****	PC > PT, TC****
	parent-teacher	.15****	
	teacher-child	.13****	

**** $p \leq 0.0001$, *** $p \leq 0.001$, ** $p \leq 0.01$, * $p \leq 0.05$

PC = correlation between parent and self rating, PT = correlation between parent- and teacher rating, TC = correlation between teacher and self rating,

Results indicated that correlation between parent and child's ratings was significantly higher than those between parent-teacher and teacher-child in all three problem areas. Parent-teacher convergence was not significantly different from teacher-child convergence in all three problem areas.

Informant concordance by sex

Correlation between parent, teacher, and adolescent's ratings were computed separately for boys and girls. Test of difference between informant convergence between and within sex was conducted by Fisher-r z test. Table 10 presented the correlation between ratings of the three informants for boys and girls and the results of z tests.

Table 10
Concordance among informants as a function of child's sex

syn- drome	different combination of informants	Pearson r between informants in boys	Pearson r between informants in girls	Difference of correlation z-test	
				Between- group comparison	within- group comparison
Int	parent-child	0.41****	0.44****		PC > PT, TC**** in both groups
	parent-teacher	0.04	0.10*		
	teacher-child	0.03	0.15****	girl > boy*	
Ext	parent-child	0.48****	0.46****		PC > PT, TC**** in boys
	parent-teacher	0.18****	0.32****	girl > boy**	PC > PT, TC**** in girls
	teacher-child	0.24****	0.32****		
Total	parent-child	0.47****	0.42****		PC > PT, TC**** in both groups
	parent-teacher	0.11**	0.20****		
	teacher-child	0.11**	0.19****		

**** $p \leq 0.0001$, *** $p \leq 0.001$, ** $p \leq 0.01$, * $p \leq 0.05$

PC = correlation between parent and self rating,

PT = correlation between parent- and teacher rating

TC = correlation between teacher and self rating

Int = Internalizing Problems

Ext = Externalizing Problems

Total = Total Problems

Z test revealed significantly higher teacher-child correlation in rating of Internalizing for girl than for boy. Correlation between parent and teacher's ratings was also significantly higher for girl than boy in Externalizing Problems. For other comparison of correlation, no significant difference was found between boys and girls.

Comparison of correlation between ratings of different pairs of informants in each sex group consistently found that parent-child correspondence was significantly higher than parent-teacher and teacher-child correspondence in all Internalizing, Externalizing and Total Problems for both boys and girls. Parent-teacher concordance did not differ from teacher-child concordance in all the comparisons for both sexes. These findings are in line with the results found in total sample.

Informant concordance by child's age

Correlation between parent, teacher, and adolescent's ratings in Internalizing, Externalizing and Total Problems were computed separately for different age groups. Similar comparisons between informants correspondence within and between age group were conducted by Fisher-r z test. Table 11 presented the results.

Table 11

Concordance among informants as a function of child's age

syn- drome	different combination of informants	Pearson r between informants in sample of 12 - 14	Pearson r between informants in sample of 15 - 18	Difference of correlation z-test	
				Between- group comparison	within- group comparison
Int	parent-child	0.43****	0.44****		PC > PT, TC**** in young
	parent-teacher	0.07	0.06		PC > PT, TC****, TC > PT* in old
	teacher-child	0.06	0.14***		
Ext	parent-child	0.45****	0.51****		PC > PT, TC**** in both groups
	parent-teacher	0.23****	0.26****		
	teacher-child	0.29****	0.28****		
Total	parent-child	0.44****	0.46****		PC > PT, TC**** in both groups
	parent-teacher	0.15****	0.15****		
	teacher-child	0.13****	0.16****		

**** $p \leq 0.0001$, *** $p \leq 0.001$, ** $p \leq 0.01$, * $p \leq 0.05$

PC = correlation between parent and self rating,

PT = correlation between parent- and teacher rating,

TC = correlation between teacher and self rating,

young = sample of 11 - 14, old = sample of 15 - 18

Int = Internalizing problems, Ext = Externalizing Problems, Tot = Total Problems

Comparisons of parent-child, parent-teacher and teacher-child concordance in Internalizing, Externalizing and Total problems between the younger and older age group did not reveal any significant difference

Comparison of correlation between ratings of different informants within each age group again revealed that for both younger and older age group correlation between parent and child's rating was significantly higher than that between parent

and teacher's report, and between teacher's and child's report in all three problem domains. Parent-teacher concordance was not significantly different from teacher-child concordance in all comparisons. These findings are consistent with the results from total sample.

informant concordance by child's clinical status

Table 12 presented the correlation between ratings of the three informants computed separately for referred and non-referred adolescents, and the results of test of difference between correlation by z tests.

Table 12
Concordance among informants as a function of child's clinical status

syn-drome	different combination of informants	Pearson r between informants in non-referred sample	Pearson r between informants in referred sample	Difference of correlation z-test	
				Between-group comparison	within-group comparison
Int	parent-child	0.44****	0.47****		PC > PT, TC**** in non-re
	parent-teacher	0.04	0.19		PC > PT, TC** in re
	teacher-child	0.08**	0.20		
Ext	parent-child	0.46****	0.54****		PC > PT, TC**** in non-re
	parent-teacher	0.23****	0.27**		PC > PT**, PC > TC* in re
	teacher-child	0.26****	0.34***		
Total	parent-child	0.44****	0.48****		PC > PT, TC**** in non-re
	parent-teacher	0.12****	0.24*		PC > PT*, PC > TC* in re
	teacher-child	0.11****	0.28**		

**** p < / = 0.0001, *** p < / = 0.001, ** p < / = 0.01, * p < / = 0.05
 PC = correlation between parent and self rating, PT = correlation between parent- and teacher rating, TC = correlation between teacher and self rating, re = referred sample, non-re = non-referred sample
 Int = Internalizing problems, Ext = Externalizing Problems, Tot = Total Problem

Z test revealed no significant difference for all the comparisons of parent-child, parent-teacher and teacher-child concordance between non-referred and referred group in Internalizing, Externalizing and Total problems.

Comparison of correlation between parent, teacher and self ratings within each group consistently revealed that parent-child convergence was significantly higher than parent-teacher and teacher-child convergence for both referred and non-referred adolescent in all three problem areas. Parent-teacher concordance was not significantly different from teacher-child concordance in all comparisons. These results are in line with the results from the total sample.

Informant concordance by type of psychopathology

Correlation between ratings of different pairs of informants for Internalizing and Externalizing Problems in total sample, sample of different sex, age and clinical status were computed and compared by Fisher r-z test. Table 13 listed those correlation and results of test of difference between correlation.

Table 13

Correspondence among informants as a function of type of psychopathology in total sample, sample of different sex, age, and clinical status

13a. Combined sample

informant correspondence	Internalizing problems	Externalizing problems	Comparison of correlation by z-test
parent-child	.44****	.47****	no difference
parent-teacher	.07*	.24****	ext > int****
teacher-child	.09*	.28****	ext > int****

13b. By sex

informant concordance	Boy		comparison of correlation in boys by z-test	Girl		comparison of correlation in girls by z-test
	Int	Ext		Int	Ext	
parent-child	.41****	.48****	no difference	.44****	.46****	no difference
parent-teacher	.04	.18****	ext > int**	.10*	.32****	ext > int****
teacher-child	.03	.24****	ext > int****	.15****	.32****	ext > int***

ext = informant concordance in externalizing problems

int = informant concordance in internalizing problems

**** = $p \leq .0001$

*** = $p \leq .001$

** = $p \leq .01$

* = $p \leq .05$

Table 13. Continued.

13c. By age

informant concordance	11 - 14		comparison of correlation by z-test	15 - 18		comparison of correlation by z-test
	Int	Ext		Int	Ext	
parent- child	.43****	.45****	no difference	.44****	.51****	no difference
parent- teacher	.07	.23****	ext > int***	.06	.26****	ext > int***
teacher- child	.06	.29****	ext > int****	.14****	.28****	ext > int**

13d. By clinical status

informant concordance	non-referred		comparison of correlation by z-test	referred		comparison of correlation by z-test
	Int	Ext		Int	Ext	
parent- child	.44****	.46****	no difference	.47****	.54****	no difference
parent- teacher	.04	.23****	ext > int****	.19	.27**	no difference
teacher- child	.08**	.26****	ext > int****	.20	.34****	no difference

ext = informant concordance in externalizing problems

int = informant concordance in internalizing problems

**** = $p \leq .0001$ *** = $p \leq .001$ ** = $p \leq .01$ * = $p \leq .05$

Results indicated that parent-teacher and teacher-child correspondence was significantly higher in Externalizing Problems than in Internalizing Problems. This pattern was consistently found in the total sample, boys and girls, older and younger adolescents, and non-referred adolescents. However, an exception was found for referred adolescents that concordance among informants in Externalizing Problems was not significantly different from that in Internalizing Problems. Different from that found with parent-teacher and teacher-child concordance, parent-child concordance in Internalizing Problems was not significantly different from that in Externalizing Problems in total sample, in sample with different age, sex and clinical status.

Association Between Parent-, Teacher- and Child-rated Internalizing and Externalizing Problems and the External Correlates of Psychopathology

To examine the construct validity of the measure of child psychopathology rated by different informants, correlation between parent-, teacher- and child-rated Internalizing and Externalizing Problems and the ten external correlates of psychopathology was computed. Table 14 listed the results.

Table 14

Association between the two broadband syndromes derived from different informants and the external correlates of psychopathology

External correlates	parent's rating		child's rating		teacher's rating	
	CBCL int	CBCL ext	YSR int	YSR ext	TRF int	TRF ext
1. referred for* special education	/	.07*	/	/	.19****	.26****
2. repeat a grade*	.07**	.08**	/	/	/	.08*
3. parent-rated* learning problem	.19****	.13****	.10****	.08**	.07*	.07*
4. referred status* of child	.08**	.10****	/	/	/	.12****
5. high personal stress of child (self report)	.22****	.12****	.49****	.30****	/	/
6. high personal stress of child (parent report)	.39****	.30****	.25****	.20****	.10****	.08**
7. high family stress (self report)	.20****	.17****	.37****	.25****	/	/
8. high family stress (parent report)	.31****	.24****	.22****	.17****	/	/
9. parenting style (parental control and warmth)	-.27****	-.30****	-.40****	-.46****	-.21****	-.24****
10. social adversities	.13****	.10**	/	/	/	/

*correlation computed for referred for special education / repeat a grade / parent-rated learning problems/ referred status of child is point-biserial correlation

int = internalizing problems, ext = externalizing problems

**** = $p \leq .0001$, *** = $p \leq .001$, ** = $p \leq .01$, * = $p \leq .05$

It was found that the ratings of the three informants on child's internalizing and externalizing problems were significantly correlated with various external correlates of psychopathology differentially, all in the expected direction. Self-reported personal stress was significantly related to parent and child's rating of internalizing and externalizing problems, with the highest r up to .49 found between self-rated internalizing problems and self-reported stress. Parent-reported personal stress of child was significantly related to ratings of all three informants, with highest correlation (.39) found with parent's ratings and the lowest correlation (.10) found with teacher's ratings. For both self-reported and parent-reported family stress, significant correlation was found with both parent and child's rating but not teacher's ratings. All three informants' rating of internalizing and externalizing problem significantly and negatively correlated with parental style (parental involvement and supervision), indicating more parental supervision and involvement, less child psychopathology. Social adversities was related only to parent's rating of internalizing and externalizing problem. Both teacher and parent's rating were significantly related to all indicators signifying learning impairment of child (referral to special education, repeat a grade, parent-rated learning problem) and also referral status of child. Child's rating was only significantly correlated with parent-rated learning problem but not the other indicators of academic impairment and their referral status.

Predictive ability of ratings from different informants on the external correlates of psychopathology

As the regression analysis has an added advantage over the correlation analysis in determining which informant or combination of informants best predict the external correlates of psychopathology, a series of regressions were applied. Six multiple regressions using stepwise procedure were conducted to assess the predictive value of parent, teacher, child's rating on the selected external correlates of psychopathology which were continuous variables in the present study, including self-reported personal stress, parent-reported personal stress of child, self-reported family stress, parent-reported family stress, parenting style (control and warmth), social adversities. Another series of four logistic regressions using stepwise procedure with Likelihood ratio estimates were conducted to assess the predictive value of parent, teacher, child's rating the external correlates of psychopathology which are dichotomous variables, including repeating a grade (child), parent-rated learning problem of child, and referral for help (child). For each regression analysis, a total of six predictors including parent, teacher and child's ratings of Internalizing and Externalizing Problems were entered simultaneously. Results of the regression analyses were presented in table 15.

Table 15

Predictive ability of the two broadband syndromes derived from different informants
on the external correlates of psychopathology

Stepwise regression analyses

External correlates	significant predictors	Beta	Multiple r	squared r
1. Personal stress (self report)	1. S int	.49****	.49****	.24****
2. Personal stress (parent report)	1. P int 2. S int 3. T int	.34**** .10*** .08**	.41****	.17****
3. Family stress (self report)	1. P ext 2. S int	.06* .36****	.38****	.15****
4. Family stress (parent report)	1. P int 2. P ext 3. S int	.21**** .08* .11***	.33****	.11****
5. Parenting style (Control + Warmth)	1. S int 2. S ext 3. T int	-.20* -.32*** -.16*	.51****	.26****
6. Social adversities	1. S ext 2. P int	-.10** .16****	.16****	.3****

Table 15 continued.

Logistic regression analysis

external correlates	significant predicators	exp (B)	Beta / significance of Wald test	R
7. repeat a grade	1. T ext	1.04	.04**	.10
	2. P int	1.03	.04**	.06
8. parent-rated learning problem	1. T ext	1.03	.03*	.05
	2. P int	1.06	.05****	.16
9. referred for special education	1. S int	.96	-.04*	-.07
	2. T int	1.05	.05**	.10
	3. T ext	1.09	.09****	.22
10. referred for help	1. P int	1.04	.005**	.10
	2. T ext	1.06	.0001****	.15

**** = $p \leq .0001$, *** = $p \leq .001$, ** = $p \leq .01$, * = $p \leq .05$

S int = self-rating of internalizing problem

S ext = self-rating of externalizing problem

p int = parent-rating of internalizing problem

p ext = parent-rating of externalizing problem

t int = teacher-rating of internalizing problem

t ext = teacher-rating of externalizing problem

Except for self-report personal stress, more than one informant's rating entered as significant predictors for each criterion variable. Self rating of Internalizing Problems entered as the only significant predictor for self-report personal stress. For parent-reported personal stress of child, parent, teacher and self rating of Internalizing Problems entered into the equation, with parent-rated Internalizing Problem as the most important predictor ($B = .34$). For both self-reported and parent-reported family stress, parent and self ratings of Internalizing and Externalizing Problems entered as significant predictors for each of these correlates of psychopathology. All the three informant's ratings (self and teacher's rating of Internalizing and parent's rating of Externalizing Problem) were significant predictors of parenting style. It can be seen that for the three indicators signifying family dysfunction (parenting style, parent-reported and self-reported family stress), parent and child's rating appear as two most important predictors. The rating of these two informants were important predictors for social adversities as well.

Teacher-rated Externalizing Problems and parent-rated Internalizing Problems were significant predictors of child having repeated a grade, and parent-rated learning problem of child. Teacher-rated externalizing problem and parent-rated internalizing were significant predictors of child being referred for help such as to social workers, psychologist, psychiatrist etc. For referral for special education of child, teacher-rated Internalizing and Externalizing Problems and self-rated internalizing Problems were significant predictors. It can be seen that other than parent and self ratings, teacher's rating appears as an significant predictor in the four criterion variables indicating learning difficulties of child and child's clinical status.

CHAPTER FOUR

DISCUSSION

Informant agreement on the severity of symptoms

The present study found that parents, teachers, and self ratings on the severity of adolescent psychopathology were discrepant. Main effects of rater was consistently found. For both boys and girls, younger and older adolescents, referred and non-referred adolescents, there appeared to be an uniform pattern that adolescents reported the highest ratings of symptoms about themselves, followed by parents and then teachers. This finding was similar to the findings of several previous studies using similar and different assessment instruments. Using also CBCL, TRF, and YSR with a modified scoring procedure, Sawyer, Baghurst and Clark (1992) found that for 336 non-clinical boys and girls aged 10 to 11 and 14 to 15, children consistently reported significantly higher level of externalizing and internalizing problems than their parents, and parents reported more problems of their children than teachers. Using CBCL, TRF and YSR in 89 non-clinical children, their parents and teachers, Stanger et al.(1993) also found a same pattern in informant's rating on the severity of externalizing and internalizing problems of adolescents aged 13. Using semi-structured interview (K-SADS, Chambers et al., 1985), Andrews et al. (1993) also found that for 460 mother-adolescent pairs from community, adolescents reported more depression and conduct disorder than their parents. The present results also resembled those reported by Achenbach (1991a, 1991b, 1991c) using the same instruments with referred and nonreferred boys and girls.

The finding that adolescent reported significantly higher level of problems of their own relative to other adult informants may suggest that many emotional or behavioral problems of adolescents remain unnoticed to parent and teacher. Several

plausible reasons support this postulate. Firstly, informants other than self, like parent and teacher, mainly depend on verbal report of adolescents and observation of adolescent' behavior in a limited number of contexts. Particularly, teacher's observation is mainly limited to school context and many of adolescents' emotional as well as behavioral problems that occur out of school are naturally undetected. This may explain why teacher reported the least on adolescents' psychopathology as compared to other informants.

Secondly, The discrepancy between self versus other informants in reporting level of symptoms may be related to an age effect. There is the possibility that as children grow into adolescents, they become more independent and may keep their problems to their own or confide more in peers other than parents and teachers. They also have more activities out of family and school contexts that problematic behavior in these activities are not noted by the adults informants. This thus leads to the possibility of underreporting of parent and teacher regarding the problem behaviors of children. This postulate is supported by the significant informant X age effect consistently found in Externalizing, Internalizing and Total Problems in the present study. It was consistently found that adolescents reported more problems relative to their parents and teachers but this discrepancy was more salient for older adolescent than younger adolescent. In other words, relative to adolescents, the level of emotional and behavioral problems reported by parent and teacher was lower more for older than for younger adolescents, suggesting that parents and teachers noticed more symptoms for younger than older adolescents. Using also CBCL, YSR and adolescent subjects, Verhulst and Van der Ende (1992) obtained similar significant informant X age interaction in most of the behavioral syndrome and Total Problems.

In the same vein, they found increasing parent-child discrepancies with increasing age, with higher self-rating than parent's ratings for all ages.

If child's age is a factor that differentially affects informant's ratings on levels of symptoms, the study employing younger children should then demonstrate findings different from those found with older adolescents. This is in fact supported by some studies. It is found that studies using younger children as subjects found no informant discrepancy or discrepancy in reversed direction in reporting level of symptoms. Using children of 8 to 11 as subjects and employing semistructured interview, Verhulst, Althaus & Berden (1987) found no difference between children and parent's score in problems related to school, family, obsessions and somatic concern. Moreover, parents reported significantly more than their children in many areas such as children's mood, acting out behaviors. Using TRF, CBCL and YSR with younger children aged 6-13 as subjects, Kolko and Kazdin (1993) found that children reported lower Internalizing scores than their parents, and also lower Externalizing and Total score than their parents and teachers.

Apart from the above possibility, it is also probable that children with increasing age grow in cognitive ability and become more articulate in reporting their own emotional and behavioral problem, leading to a higher level of symptoms reported by adolescents more than that reported by other informants.

There are only few significant sex, sex x informant and age effect found regarding the level of symptoms reported by different informants. Significant age effect in the present study refers that older adolescents reported more Internalizing problems than younger adolescents. This result is in line with the findings of some epidemiological studies of depression that depressive symptoms are substantially more in older than in the younger children, possibly with significant increase at some

point between 13 to 15 (Rutter, 1986; Angold & Rutter, 1992). With respect to the sex difference, adolescent girls and their parents rated a higher level of internalizing problems than boys and their parents reported. The result is similar to Thompson et al.'s finding (1993) that mothers reported more worries and dysthymia for girls than for boys. Sex and rater interaction effect was found in Internalizing and Total Problems. Relative to boys, girls rated themselves higher than parent and teacher in Internalizing Problems but not Externalizing Problems. This is similar to the findings of Verhulst and Van der Ende (1992) that larger parent-child discrepancies was found for girls than for boys in Internalizing behavior but not in Externalizing behavior problem. Relative to adolescent boys, adolescent girls may be more prone to have anxious, depressed symptoms. This is consistent with the sex effect found by many epidemiological studies pointing to higher rate of depression with adolescent girls (Cohen, Cohen, Kasen, Velez, Hartmark, Johnson, Rojas, Brook & Streuning, 1993; Goodyer, 1995; Birmaher, Ryan, Williamson, Brent, Kaufman, Dahl, Perel & Nelson, 1996). Considering that internalizing type of problems may be less easily detectable and more difficult to be judged by other informants, underreporting of those problems by other informants may then be more obvious for girls who have more internalizing problems than boys, as found in the present study.

The present study found that parents and teachers' rating in externalizing problems were higher for referred than non-referred groups. In contrast, parent and teacher's report of level of Internalizing problem was similar for both referred and non-referred group. The findings suggest that adolescents having been referred for professional help tend to be rated by adult informants to have more externalizing problems rather than internalizing problems.

Correlation Between Ratings of Different Informants in Relation to Adolescent's Sex, Age, Clinical Status, and Type of Psychopathology

For the total sample, the correlation between the ratings of different pair of informants ranges .44 to .47 in Externalizing Problems, .07 to .24 in Internalizing Problems and .09 to .28 in Total Problems. Taking Total problem as a reference point, the parent-child concordance found in the present study ($r = .45$) is much higher than the typical r (.25) reported by Achenbach et al.'s meta-analysis (1987) but very similar to cross-informant correlation averaged across sex/age group ($r = .41$) for Total Problems reported by Achenbach (1991d) using also the same three instruments with combined referred and normative sample. Parent-teacher concordance for Total problem in present study ($r = .15$) is lower than r (.27) reported by Achenbach et al. (1987), much lower than r (.44) reported by Achenbach (1991d) and also much lower than the average r (.36) found with a Chinese sample in Mainland China (Weine et al., 1995). Teacher-child concordance in present study ($r = .13$) is slightly lower than r (.20) reported by Achenbach et al. (1987) and much lower than r (.31) reported by Achenbach (1991d).

A salient finding of the present study on informant correspondence refers to significantly higher parent-child correspondence than parent-teacher, teacher-child correspondence. This pattern was found in the total sample, in both boys and girls, in younger and older adolescents, and in referred as well as non-referred adolescents. Such findings are different from results of other studies using also CBCL and its counterpart rating scales. As stated above, the parent-child concordance in present study is comparable to those obtained by Achenbach (1991d) and also similar to r (.54) obtained by Verhulst and Ven der Ende (1992) using the same instruments with

883 sample of similar age . The difference then lies on the particularly lower teacher-child and parent-child concordance found in the present study.

The lower teacher-child and parent-teacher correspondence found in the present study may reflect HK teachers' different emphases in relating with students and evaluating their problem behavior. In Hong Kong, the relatively high student to teacher ratio (around 40 to 1) appears to pose particular difficulties in classroom management. Discipline of students is thus a basic concern of teachers. Furthermore, the more examination-orientated education system in Hong Kong also directs teacher's attention more on student's academic performance. As such, teacher may particularly stress on and is thus more sensitive to problems of students related to academic problem or classroom discipline than for other problems relative to parents and adolescent, leading to the low convergence with students and parents in reporting psychopathology. Furthermore, another plausible reason may be related to teachers' lack of information regarding the emotional and behavioral problem of individual students. Teachers in Hong Kong spend relatively limited time with "individual" student, both in classroom and outside classroom setting, probably consequent upon the higher student to teacher ratio and the heavy work load of teacher. The educational system in Hong kong involves a lot of homework and frequent examinations. Inevitably, a great part of teachers' time is spent on checking those homework and examination scripts. With limited time to spend with individual student, teachers are thus less familiar with them, particularly regarding the emotional and behavioral of students, as compared to parents. This may possibly lead to the particular lower concordance between teachers and other informants.

The present study found that child's age and clinical status had no effect on informant correspondence. Convergence of different combinations of informant was

not different for younger and older adolescents, referred and non-referred adolescents. The effect of child sex on informant agreement was also small with only two significant differences between boys and girls in parent-teacher agreements. These present findings are thus more consistent with results of several previous studies reviewed above. For example, Epkins (1996); Kollo et al. (1993); Verhulst et al. (1992) found no significant age effect no informant concordance; Verhulst et al. (1987); Ines et al. (1992); Kolko et al. (1993) found no significant sex effect; and Achenbach et al. (1987) found no significant difference in informant correspondence between referred and non-referred sample.

Consistent with many previous findings, it is generally found in the present study that informant agreement, in terms of parent-teacher and teacher-child agreement is higher in externalizing problems than in internalizing problem. This was found in combined sample, in non-referred adolescents and was also stable across adolescents with different sex and age. These findings suggest that teacher and parent, teacher and child agree more when behavior being rated is conspicuous rather than internal and subjective. For referred sample, parent-teacher and teacher-child agreement was significant in externalizing problems but non-significant in internalizing problems. The same trend that informant correspondence was higher in externalizing problem than in internalizing problem was found, though the difference was not statistically significant. Different from parent-teacher and teacher-child correspondence, parent-child agreement remained similarly high across externalizing and internalizing problems. This reflects that parents are sensitive to children's external as well as subjective problems to the similar degree. The finding is very similar to Achenbach's finding (1991d) that parent-self correlation in Externalizing Problems ($r = .44$) was not significantly different from $r (.40)$ in Internalizing

Problems, while significant differences were yielded for the convergence of all other informant pairs.

Association Between Ratings from Different Informants and the External Correlates of Psychopathology

To answer the question regarding the validity of different sources of information as raised by previous studies in response to limited informant concordance, the present study had examine the construct validity of different source of information. The first procedure here is to examine the relationship between different sources of information and some external criteria known to be important correlates of psychopathology. It was found in the present study that parent, teacher and child-rated internalizing and externalizing psychopathology were significantly related to various external correlates of psychopathology. Parent's rating was significantly related to all selected correlates, though the associations with the variables indicating learning impairment of child (referral for special education and repeat a grade) were relatively small. Parent's report of externalizing and internalizing problems of child had particular salient association with indicators of family dysfunction including family stress, less parental supervision and involvement, and high personal stress of child. The above findings were in line with the results of some other studies focusing on the correlates of child psychopathology rated by different informants. For example, Offord, Boyle and Racine (1989) found that parental report of conduct, hyperactivity and emotional disorder of children aged 4 to 16 were all associated with family dysfunction (assessed through McMaster Family Functioning Assessment Device, Byles et al, 1988), and parental report of child's hyperactivity was associated with child repeating a grade. Costello (1989) found that parental report of Child's externalizing psychopathology (ADD, OPP)

were associated with lower socioeconomic status, child repeating a grade, and parental report stress of child. Parental report of anxiety disorder of child also associated with parental report of stress of child.

In the present study, adolescent's self reports of internalizing and externalizing psychopathology significantly and saliently associated with the indicators of family dysfunction (family stress, less parental control and warmth), and personal stress. Such results were also consistent with the findings of the above cited studies. For example, Offord et al. (1989) found that youth-reported externalizing and internalizing disorder (conduct, hyperactivity, emotional and somatization) were all significantly related to family dysfunction. Costello (1989) found that child-reported conduct disorder and anxiety disorder were significantly associated with child stress reported by parent. Different from findings with parent's rating, the present study found that child's rating of both internalizing and externalizing had no association with the indicators signifying their learning impairment (referral for special education, repeat a grade), their referral status and social adversities. The only significant yet rather weak correlation obtained was with parent-rated learning problem (.10 and .08).

Compared with the correlation obtained with parent and self-rating, relatively fewer significant correlation between teacher's rating and the external correlates was obtained, with also relatively small magnitude. However, the association between teacher's rating and the indicators signifying learning impairment of child (referral for special education, repeat a class) was more salient as compared to parent and particularly child's rating. Also the association between teacher's ratings and referral status of child was more salient as compared to child's rating. While association between teacher's ratings and the correlates signifying family dysfunction, social

adversities is relatively sparse, the validity of teacher's ratings is still supported by its differential association with the external correlates indicating learning impairment and referral status of children.

Predictive Ability of Parent, Teacher and Self rating on External Correlates of Psychopathology

The second procedure conducted with regression analyses further examine the validity of different sources of information by evaluating their predictive ability on the external correlates. Results indicated that except for self-reported personal stress, different combinations of ratings of different informants predicted the selected external correlates the best more than a single source of information.

Parent ratings in combination with self ratings of externalizing and internalizing problems best predicted the external correlates of family dysfunction including self-reported and parent-reported family stress, as well as social adversities. On the other hand, to predict parental supervision and involvement, self ratings of internalizing and externalizing problems coupling with teacher's rating of internalizing problem of child was the best combination. For external correlates indicating child's learning impairment (including repeat a grade, parent-rated learning problem), as well as clinical status of child, teacher's and parent's ratings of externalizing and internalizing problems of child were best predictors classifying child's group membership. For parent-reported personal stress of child, a combination of all three informants' rating of internalizing problems obtained the best prediction. It can be seen from the results that no single informant consistently comes out as the sole predictor of the external correlates of psychopathology. Different combinations of informants' rating predict those important external criteria the best. This speaks against exclusive reliance on one single source of informant in

assessment of child and adolescent psychopathology and supports the use of multiple informants in clinical work.

It should be pointed out that the external correlates selected in the present study are not external criteria totally independent from the effect of informant. Child repeating a grade, referred for special education and referred for help are external facts relatively independent from the informant's perception but self-reported and parent-reported family stress and personal stress appear to be more subjected to informant's perception. There was the possibility that the predictive value of the rating of a particular informant is a function of a "source effect", i.e., information on the predictor and the external correlates come from the same informant. For example, for self-reported personal stress, self-rated internalizing problems was the single salient predictor. However, such "source effect" cannot adequately and fully explain the whole picture. For many other selected external correlates derived from a particular informant, rating of other informants still enter as significant predictors. For example, in parent-reported personal stress of their children, both self-rating and teacher-rating internalizing problems were also significant predictor, despite that their contribution were smaller relative to the parent-reported internalizing problem. Likewise, in parent-rated learning problem which indicated parent's perception of the learning ability of their children, not only parent's rating but also teacher's rating entered as significant predictor. While a "source effect" remains to be a plausible confounding factor, it was found that individual information from other sources could still significantly predict the external correlates of psychopathology.

To conclude, the present study found that there is discrepancy on data obtained from adolescents, parents and teachers on internalizing and externalizing problems of adolescents were disparate. The correlation between their ratings was at

best moderate. Limited informant concordance leads to the doubt on the validity of these different sources of information. The present study went on testing their validity of different sources of information through the method of construct validity. It was found that data obtained from different informants had demonstrated significant and expected correlation with various external correlates of psychopathology. Multiple regression analyses indicated that no single informant was consistently the sole predictor of those external correlates. In contrast, different combinations of informants best predicted the external correlates. The results thereby support the employment of multiple informants in clinical practice, though the golden guidelines for coordinating these data are still unclear and await further research.

References

- Achenbach, T. M. (1985). *Assessment and Taxonomy of Child and Adolescent Psychopathology*. Sage publication.
- Achenbach, T. M. (1991a). *Manual for the Child Behavior Checklist and 1991 Profile*. Burlington, VT: University of Vermont Department of Psychiatry.
- Achenbach, T. M. (1991b). *Manual for the Youth Self-Report and 1991 Profile*. Burlington, VT: University of Vermont Department of Psychiatry.
- Achenbach, T. M. (1991c). *Manual for the Teacher's Report Form and 1991 Profile*. Burlington, VT: University of Vermont Department of Psychiatry.
- Achenbach, T. M. (1991d). *Integrative guide for the 1991 CBCL/4-18, YSR, and TRF profile*. Burlington, VT: University of Vermont Department of Psychiatry.
- Achenbach, T. M. (1996). Epidemiological applications of multi-axial empirically based assessment and taxonomy. In Verhulst, F. C. & Koot, H. M. (eds.), *The Epidemiology of Child and Adolescent Psychopathology*. Oxford Medical Publications.
- Achenbach, T. M., McConaughy, S. H., Howell, C. T. (1987). Child/Adolescent behavioral and emotional problems: Implications of cross-informant correlations for situational specificity. *Psychological Bulletin*, 101(2), 213-232.
- Andrews, V. C., Garrison, C. Z., Jackson, K. L., Addy, C. L., Mckeown, R. E. (1993). Mother-adolescent agreement on the symptoms and diagnoses of adolescent depression and conduct disorders. *Journal of the American Academy Child and Adolescent Psychiatry*, 32(4), 731 - 738.

Angold, A., Rutter, M. (1992). Effects of age and pubertal status on depression I a large clinical sample. *Development and Psychopathology*, 4, 5-28.

Angold, A., Weissman, M. M. , John, K., Merikangas, K. R., Prusoff, B. A., Wickramaratne, P., Gammon, G. D. & Warner, V. (1987). Parent and child reports of depressive symptoms in children at low and high risk of depression. *Journal of Child Psychology and Psychiatry*, 28, 901-915.

Blashfield, R. K. & Livesley, W. J. (1991). Metaphorical Analysis of Psychiatric Classification as a Psychological Test. *Journal of Abnormal Psychology*, 100, 262-270.

Bidaut-Russell, M., Reich, W., Cottler, L. B., Robins, L. N., Compton, W. M., & Matttison, R. E. (1995). The Diagnostic Interview Schedule for Children (PC-DISC V.3.0): parents and adolescents suggest reasons for expecting discrepant answers. *Journal of Abnormal Child Psychology*, 23, 641-659.

Bird, H. R., Gould, M. s., Staghezza, B. (1992). Aggregating data from multiple informants in child psychiatry epidemiological research. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31, 78-85.

Birmaher, B., Ryan, N. D., Williamson, D. E., Brent, D. A., Kaufman, J., Dahl, R. E., Perel, J., Nelson, B. (1996). Childhood and adolescent depression: a review of the past 10 years. Part I. *Journal of the American Academy Child and Adolescent Psychiatry*, 35(11), 1427-1439.

Breton, J. P. , Bergeron, L. Valla, J. P., Lepine, S., Houde, L. Gaudet, N. (1995). Do children aged 9 through 11 years understand the DISC version 2.25 questions? *Journal of the American Academy of Child and Adolescent Psychiatry*, 34, 946-954.

Byles, J., Byrne, C., Boyle, M. H., & Offord, D. R. (1988). Ontario Child Health Study: reliability and validity of the General Functioning subscale of the McMaster Family Assessment Device. *Family Process*, 27, 97-104.

Cantwell, D. P. & Rutter, M. (1994). Classification: conceptual issues and substantive findings. In Rutter, M., Taylor, E., & Herscor, L. (eds.), *Child and Adolescent Psychiatry: Modern Approaches*. Blackwell Scientific Publisher.

Chambers, W. J., Puig-Antich, J., Hirsch, M., Paez, P., Ambrosini, P. J., Tabrizi, M. A., & Davies, M. (1985). The assessment of affective disorders in children and adolescents by semi-structured interview: Test-retest reliability of the Schedule for Affective Disorders and Schizophrenia for School Age Children, Present Episode Version. *Archives of General Psychiatry*, 42, 696-702.

Cohen, J. (1960). A coefficient of agreement for nominal scales. *Educational and Psychological Measurement*, 10, 37-46.

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). New York: Academic Press.

Cohen, P., Cohen J., Kasen, S., Velez, C. N., Hartmark, C., Johnson, J., Rojas, M., Brook, J., Streuning, E. L. (1993). An epidemiological study of disorders in late childhood and adolescence - I. Age and gender-specific prevalence. *Journal of Child Psychology and Psychiatry*, 34, 851-867.

Costello, E. J. (1989). Child psychiatric disorders and their correlates: a primary care pediatric sample. *Journal of the American Academy Child and Adolescent Psychiatry*, 28(6), 851-855.

Costello, A. J., Edelbrock, L. S., Dulcan, M. K., Kalas, R., & Klaric, S. H., (1984). *Report on the NIMH Diagnostic Interview Schedule for Children (DISC)*. Washington, DC: National Institute of Mental Health.

Cox, A. D. (1994). Diagnostic Appraisal. In Rutter, M., Taylor, E., & Herscor, L. (eds.), *Child and Adolescent Psychiatry: Modern Approaches*. Blackwell Scientific Publisher.

Edelbrock, C., Costello, A. J., Dulcan, M., Kalas, R., & Conover, N. C. (1985). Age difference in the reliability of the psychiatric interview of the child. *Child Development*, 56, 265-275.

Edelbrock, C., Costello, A. J., Dulcan, M. K., Conover, N. C., & Kala, R. (1986). Parent-child agreement on child psychiatric symptoms assessed via structured interview. *Journal of Child Psychology and Psychiatry*, 27, 181-190.

Endicott, J. & Spitzer, R. L. (1978). A diagnostic interview: the schedule for affective disorder and schizophrenia. *Archive of General Psychiatry*, 35, 837-844.

Epkins, C. C. (1993). A preliminary comparison of teacher ratings and child self-report of depression, anxiety, and aggression in inpatient and elementary school samples. *Journal of Abnormal Child Psychology*, 21 (6), 649-661.

Epkins, C. C. (1995). Teachers' ratings of inpatient children's depression, anxiety, and aggression: a preliminary comparison between inpatient-facility and community-based teachers' ratings and their correspondence with children's self-reports. *Journal of Abnormal Child Psychology*, 24(1), 63-70.

Epkins, C. C. (1996). Parent ratings of children's depression, anxiety, and aggression: A cross-sample analysis of agreement and differences with child and teachers ratings. *Journal of Clinical Child Psychology*, 25(6), 599-608.

Epkins, C. & Meyers, A. W. (1994). Assessment of childhood depression, anxiety, and aggression: convergent and discriminant validity of self-, parent-, teacher-, and peer-report measures. *Journal of Personality Assessment*, 62, 364-381.

Frank C. Verhulst and Jan van der Ende (1991). Four-year follow-up of teacher-reported problem behaviours. *Psychological Medicine*, 21, 965-977

Frank C. Verhulst and Jan van der Ende (1992). Six-year stability of parent-reported problem behavior in an Epidemiological sample. *Journal of Abnormal Child Psychology*, 20, 595-611.

Gagnon, C., Vitaro, F., Tremblay, R. E. (1992). Parent-Teacher agreement on kindergarteners' behavior problems: a research note. *Journal of Child Psychology and Psychiatry*, 33 (7), 1255-1261.

Goodyer, I. M. (1995). The epidemiology of depression in childhood and adolescence. In Verhulst, F. C. and Koot, H. M. (ed.). *The Epidemiology of Child and Adolescent Psychopathology*. Oxford University Press.

Hart, E. L., Lahey, B. B., Loeber, R., Hanson, K. S. (1994). Criterion validity of informants in the diagnosis of disruptive behavior disorders in children: A preliminary study. *Journal of Consulting and Clinical Psychology*, 62, 410-414.

Herjanic, B., Herjanic, M., Brown, R., & Wheatt, T. (1975). Are children reliable reporters? *Journal of Abnormal Child Psychology*, 3, 41-48.

Hodges, K., Gordon, Y., & Lennon, M. P. (1990). Parent-child agreement on symptoms assessed via a clinical research interview for children: The Child Assessment Schedule (CAS). *Journal of Child Psychology and Psychiatry*, 31, 427-436.

Hodges, K., McKnew, D., Cytryn, L., Stern, L. & Kline, J. (1982). The Child Assessment Schdeule (CAS) Diagnostic Interview: a report on reliability and validity. *Journal of the American Academy of Child Psychiatry*, 21, 468-473.

Hodges, K., & Saunders, W. (1989). Internal consistency of a diagnostic interview for children: The Child Assessment Schedule. *Journal of Abnormal Child Psychology*, 17, 691-701.

Ines, T. M., Sacco, w. (1992). Factor related to correspondence between teacher ratings of elementary student depression and student self-ratings. *Journal of Consulting and Clinical Psychology*, 60 (1), 140-142.

Jensen, P. S., Traylor, J., Xenakis, S. N., Davis, H. (1988). Child psychopathology rating scales and interrater agreement: I. Parents' gender and psychiatric symptoms. *Journal of American Academy Child and Adolescent Psychiatry*, 27 (4), 442-450.

Jensen, P. S., Xenakis, S. N., Davis, H., Degroot, J. (1988). Child psychopathology rating scales and interrater agreement: II. Child and family characteristics. *Journal of American Academy Child and Adolescent Psychiatry*, 27 (4), 451-461.

Kashani, J. H., Orvaschel, H., Burk, J. ., & Reid, J. C. (1985). Informant Variance: the issue of parent-child disagreement. *Journal of the American Academy of Child Psychiatry*, 24, 437-441.

Kolko, D. J. & Kazdin A. E. (1993). Emotional / behavioral problems in clinic and nonclinic children: correspondence among child, parent and teacher reports. *Journal of Child Psychology and Psychiatry*, 34, 991-1006.

Lewis, M. (1990). Challenges to the study of developmental psychopathology. In Lewis, M., Miller, S. M. (ed.), *Handbook of Developmental Psychopathology*, Plenum Press.

Loeber R., Green, S. M., Lahey, B. B. (1990). Mental Health Professionals' perception of the utility of children, Mothers, and teachers as informants on childhood psychopathology. *Journal of Clinical Child Psychology, 19*, 136-143.

Loeber, R., Green, S. M., Lahey, B. B., Stouthamer-Loeber, M. (1991). Differences and similarities between children, mothers, and teachers as informants on disruptive child behavior. *Journal of Abnormal Child Psychology, 19*, 75-95.

McConaughy, S. H., Stanger, C., & Achenbach, T. M. (1992). Three-year course of behavioral/emotional problems in a national sample of 4- to 16-year-olds: I. Agreement among informants. *Journal of the American Academy of Child and Adolescent Psychiatry, 31*, 932-940.

Mokros, H. B., Poznanski, E., Grossman, J. A., Freeman, L. N. (1987). A comparison of child and parent ratings of depression for normal and clinically referred children. *Journal of Child Psychology and Psychiatry, 28* (4), 613-627.

Moretti, M. M., Fine, S., Haley, G. & Marriage, K. (1985). Childhood and Adolescent depression: child-report versus parent-report information. *Journal of the American Academy Child and Adolescent Psychiatry, 24*, 298-302.

Offord, D. R., Adler, R. J., Boyle, M. H. (1986). Prevalence and sociodemographic correlates of conduct disorder. *American Journal of Social Psychiatry, 6*, 272-278.

Offord, K. R., Boyle, M. H., Racine, Y. (1989). Ontario Child Health Study: correlates of disorder. *Journal of the American Academy Child and Adolescent Psychiatry, 28*(6), 856-860.

Ollendick, T. H., Hersen, M. (1993). Child and Adolescent behavioral assessment. In Ollendick, T. H. & Hersen, M. (ed.), *Handbook of Child and Adolescent Assessment*. Allyn and Bacon.

O'Leary, K. D., & Johnson, S. B. (1986). Assessment and assessment of change. In H. C. Quay & J. S. Werry (Eds.), *Psychopathological Disorders of Childhood* (3rd ed.). New York: Wiley.

Orvaschel, H., Ambrosini, P., Rabinovich, H. (1993). Diagnostic Issues in Child Assessment. In Ollendick, T. H. & Hersen, M. (ed.), *Handbook of Child and Adolescent Assessment*. Allyn and Bacon.

Phares, V., Compas, B. E. & Howell, D. C. (1989). Perspectives on child behavior problems: comparisons of children's self-report with parent and teacher reports. *Journal of Consulting and Clinical Psychology*, 57, 68-71.

Reich, W., & Earls, F. (1987). Rules for making psychiatric diagnoses in children on the basis of multiple sources of information: Preliminary strategies. *Journal of Abnormal Child Psychology*, 15, 601-616.

Renouf, A. G., Kovacs, M. (1994). Concordance between mother's report and children's self-reports of depressive symptoms: a longitudinal study. *Journal of the American Academy Child and Adolescent Psychiatry*, 33(2), 208-216.

Rutter, M. (1986). The developmental psychopathology of depression. Issues and perspectives. In Rutter, M., Izard, C., Read, P. (ed.), *Depression in young people*. Guilford Press, New York.

Sawyer, M. G., Baghurst, P., Mathias, J. (1992). Differences between informants' reports describing emotional and behavioral problems in community and clinic-referred children: a research note. *Journal of Child Psychology and Psychiatry*, 33 (2), 441-449.

Shaffer, D., Schwab-Stone, M., Fisher, P., Davies, M., Piacentini, J., & Gioia, P. (1988). *Results of a field trial and proposals for a new instrument (DISC-R)*. Washington, DC: National Institute of Mental Health.

Silverman, W. K., Eisen, A. R. (1992). Ages differences in the reliability of parent and child reports of child anxious symptomatology using a structured interview. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31, 117-124.

Spitzer, R. L. & Endicott, J. (1978). *Schedule for affective disorders and schizophrenia*. Biometrics Research, Evaluation Section, New York State Psychiatric Institute.

Stanger, C., Lewis, M. (1993). Agreement Among Parents, teachers and children on internalizing and externalizing behavior problems. *Journal of Clinical Child Psychology*, 22, 107-115.

Stavrakaki, C., Vargo, B., Roberts, N., Boodoosingh, L. (1987). Concordance among sources of information for ratings of anxiety and depression in children. *Journal of the American Academy Child and Adolescent Psychiatry*, 26 (5), 733-737.

Tarullo, L. B., Richardson, D. T., Radke-Yarrow, M., & Martinez, P. E. (1995). Multiple Sources in Child Diagnosis: Parent-Child concordance in affectively ill and well families. *Journal of Clinical Child Psychology*, 24, 173-183.

Thompson, R. J., Merritt, K. A., Keith, B. R., Murphy, L. B. & Johndorw, D. A. (1993). Mother-Child agreement on the Child Assessment Schedule with nonreferred children: a research note. *Journal of Child Psychology and Psychiatry*, 34, 813-820.

Thurber, S. & Snow, M. (1990). Assessment of adolescent psychopathology: comparison of mother and daughter perspectives. *Journal of Clinical Child Psychology*, 3, 249-253.

Verhulst, F. C., Althaus, M., & Berden, M. G. (1987). The Child Assessment Schedule: Parent-child agreement and validity measures. *Journal of Child Psychology and Psychiatry*, 28, 455-466.

Verhulst, F. C. & Akkerhuis G. W. (1989). Agreement between parents' and teachers' ratings of behavioral / emotional problems of children aged 4-12. *Journal of Child Psychology and Psychiatry*, 30, 123-136.

Verhulst, F. C., Koot, H. M., & Van der Ende. (1994). Differential predictive value of parents' and teachers' reports of children's problem behaviors: a longitudinal study. *Journal of Abnormal Child Psychology*, 22, 531-547.

Verhulst, F. C. & Van der Ende (1992). Agreement between parent's reports and adolescents' self-reports of problem behavior. *Journal of Child Psychology and Psychiatry*, 33, 1011-1023.

Weine, A. M., Philips, J. s., Achenbach, T. M. (1995). Behavioral and emotional problems among Chinese and American children: parent and teacher reports for ages 6 to 13. *Journal of Abnormal Child Psychology*, 23 (5), 619-639.

Weissman, M. M., Wickramaratne, P., Warner, V., John, K., Prusoff, B. A., P., Merikangas, K. R., Gammon, G. D., & (1987). Assessing Psychiatric disorders in children. *Archives of General Psychiatry*, 44, 747-753.

Wickramaratne, P., Gammon, G. D., & Warner, V. (1987). Parent and child reports of depressive symptoms in children at low and high risk depression. *Journal of Child Psychology and Psychiatry*, 28, 901-915.

Young, J. G., O'Brien, J. D., Gutterman, E. M., & Cohen, P. (1987). Research on the clinical interview. *Journal of American Academy Child and Adolescent Psychiatry*, 26, 613-620.

學生編號：

For office use only
ID #

兒童及青少年行為調查問卷(四至十八歲)

(Child Behaviour Checklist for Ages 4-18)

子女姓名：	籍貫： 出生地點：	父母通常的職業(即使現時沒有工作)， 請說明職業類別 例如：司機，教師，家庭主婦，工人，機械操作員，皮鞋售貨員，警察。 父親職業：_____ 母親職業：_____
性別： <input type="checkbox"/> 男 <input type="checkbox"/> 女	年齡：	
填寫日期： 年 月 日	出生日期： 年 月 日	此問卷之填報人 <input type="checkbox"/> 母親(姓名 _____) <input type="checkbox"/> 父親(姓名 _____) <input type="checkbox"/> 其他(姓名及與兒童/青少年之關係 _____)
就讀班級： _____ <input type="checkbox"/> 沒有上學	請根據你對貴子女行為的看法填寫此問卷(即使你的觀點與其他人不同)，請隨意在每項目旁及第三頁中寫出你的評語	

1. 請列出貴子女最喜歡參與之運動項目。例如：游泳，足球，羽毛球，籃球，排球，踏單車，釣魚，溜冰，滑板等。

與其他同年齡之兒童/青年比較，貴子女在每項運動所用的時間？

與其他同年齡之兒童/青年比較，貴子女在每項運動的表現如何？

☐ 無

不清楚 比一般少 一般 比一般多

不清楚 低於一般 一般 高於一般

a. _____

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

b. _____

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

c. _____

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

2. 除體育活動外，請列出貴子女最喜歡之嗜好，活動及遊戲。例如：集郵，玩紙牌，閱讀，彈琴，唱歌，手工藝，玩模型車，玩洋娃娃等。
(請不包括聽收音機或看電視)

與其他同年齡之兒童/青年比較，貴子女在每項活動所用的時間？

與其他同年齡之兒童/青年比較，貴子女在每項活動的表現如何？

☐ 無

不清楚 比一般少 一般 比一般多

不清楚 低於一般 一般 高於一般

a. _____

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

b. _____

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

c. _____

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

3. 請列出貴子女課餘參與的組織或團體的名稱。

與其他同年齡之兒童/青年比較，貴子女之參與程度？

	不清楚	不甚積極	一般	非常積極
<input type="checkbox"/> 無				
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. 請列出貴子女所做的任何工作或家務。如看管小孩，整理床單，洗碗，掃地，兼職等。
(包括有新及無薪之工作)

與其他同年齡之兒童/青年比較，貴子女的工作表現如何？

	不清楚	低於一般	一般	高於一般
<input type="checkbox"/> 無				
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.(1) 貴子女有多少好朋友？
(不包括兄弟姊妹)

☐無 ☐一位 ☐二至三位 ☐四位或以上

(2) 貴子女每星期與朋友一起參加課外活動的次數？
(不包括兄弟姊妹)

☐少於一次 ☐一至兩次 ☐三次或以上

6. 與同年齡之兒童/青年比較，貴子女在下列各項表現如何？

	比一般差	一般	比一般好	
a. 與兄弟姊妹相處	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 並沒有兄弟姊妹
b. 與其他兒童/青年相處	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. 對父母之態度	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. 獨自工作及遊戲之能力	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

/(1) 以下是有關貴下子女學業成績之問題。

如子女沒有受教育，請寫出理由：_____

	不及格	低於一般	一般	高於一般
a. 中文	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 英文	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 歷史或社會	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 數學	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 科學	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
其他學科 - f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
例如電腦，地理或商科。				
(不包括體操，勞作等。) g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(2) 貴子女是否入讀特殊學校或特別班？

☐不是

☐是

請註明班級或學校類別：_____

(3) 貴子女曾否留級？

☐沒有

☐有

請列出留級的班級及理由：_____

(4) 貴子女在學校有沒有學習上或其他方面的困難？

☐沒有

☐有

請詳述困難：_____

該困難在甚麼時候開始？_____

該困難是否仍然存在？

☐是

☐不是

請註明何時終止？_____

(5) 貴子女有沒有任何疾病，身體傷殘或弱智？

☐沒有

☐有

請詳述狀況：_____

(6) 你最關注貴子女的是什麼？_____

(7) 請形容貴子女之各項優點：_____

以下是一系列有關兒童與青年的描述，請根據貴子女現在或過往六個月內的情況，評定下列每一項描述之準確程度：

非常準確或經常準確，請圈 2 ；

接近或間中準確，請圈 1 ；

不準確，請圈 0。

請盡量回答所有問題，即使有些題目似乎不適用於貴子女。

0 = 不準確

1 = 接近或間中準確

2 = 非常準確或經常準確

0	1	2	1. 行為幼稚與年齡不符	0	1	2	19. 要求別人經常注意他
0	1	2	2. 身體患有敏感病（請描述）： _____	0	1	2	20. 破壞自己的東西
				0	1	2	21. 破壞家裡或他人的東西
0	1	2	3. 經常爭辯	0	1	2	22. 在家不聽話
0	1	2	4. 有哮喘病	0	1	2	23. 在學校不聽話
0	1	2	5. 行為舉止像異性	0	1	2	24. 胃口欠佳，吃得不好
0	1	2	6. 不在廁所大便	0	1	2	25. 與其他兒童/青年合不來
0	1	2	7. 吹牛，自誇	0	1	2	26. 對自己的惡劣行為似乎不感到內疚
0	1	2	8. 精神不能集中，注意力不能持久	0	1	2	27. 容易妒忌
0	1	2	9. 不能擺脫腦海中某些思想，有重覆念頭，請描述： _____	0	1	2	28. 吃喝不是食物的東西（不包括糖果）。請描述： _____
0	1	2	10. 坐立不安，活動過多或不能安坐	0	1	2	29. 害怕某些動物、場合或地方（不包括學校）。請描述： _____
0	1	2	11. 喜歡纏著或過份倚賴大人				
0	1	2	12. 投訴寂寞	0	1	2	30. 害怕上學
0	1	2	13. 感到胡里胡塗，或茫然不知所措	0	1	2	31. 害怕自己會產生壞念頭或做壞事
0	1	2	14. 經常哭泣	0	1	2	32. 覺得自己必須十全十美
0	1	2	15. 對動物殘忍	0	1	2	33. 覺得或抱怨沒有人喜歡他
0	1	2	16. 對人殘忍，欺負他人或對人苛刻	0	1	2	34. 覺得別人全心為難他
0	1	2	17. 好做白日夢，或沈迷在自己的思想中	0	1	2	35. 覺得自己無用或自卑
0	1	2	18. 故意傷害自己或企圖自殺	0	1	2	

0 = 不準確

1 = 接近或間中準確

2 = 非常準確及經常準確

1	2	36.	身體經常受傷，易生意外	0	1	2	58.	挖鼻孔，搔皮膚或身體其他部份，請描述_____	
1	2	37.	經常打架						
0	1	2	38.	經常被人戲弄	0	1	2	59.	上課睡覺
0	1	2	39.	愛和惹事生非的兒童/ 青年來往	0	1	2	60.	缺乏朝氣，做事提不起勁
0	1	2	40.	聽到實際上不存在的聲音 或人聲 請描述 _____	0	1	2	61.	功課差
	1	2	41.	行事衝動，不經三思	0	1	2	62.	動作不協調或笨拙
	1	2	42.	喜歡獨處多過與人一起	0	1	2	63.	喜歡和年齡較大的兒童/ 青年一起
0	1	2	43.	撒謊或欺騙				64.	喜歡和年齡較小的兒童/ 青年一起
0	1	2	44.	咬指甲	0	1	2	65.	拒絕與人交談
0	1	2	45.	神經過敏或緊張	0	1	2	66.	不斷重複某些動作 請描述 _____
0	1	2	46.	動作緊張或肌肉抽搐 請描述 _____					
0	1	2	47.	過分拘泥規矩	0	1	2	67.	破壞課堂紀律
1	2	48.	不被其他同學喜歡	0	1	2	68.	經常尖叫	
1	2	49.	有學習困難	0	1	2	69.	很密實，有事不會說出來	
1	2	50.	過度恐懼或焦慮	0	1	2	70.	看到實際上不存在的東西 請描述 _____	
1	2	51.	感到頭暈						
1	2	52.	過於感到內疚						
1	2	53.	插嘴	0	1	2	71.	很自覺或容易感到尷尬	
1	2	54.	過份疲勞	0	1	2	72.	功課雜亂無章	
1	2	55.	身體過胖	0	1	2	73.	行為不負責任 請描述 _____	
		56.	病因不明的症狀						
1	2		a. 疼痛(除頭痛外)						
1	2		b. 頭痛	0	1	2	74.	炫耀自己或扮小丑	
1	2		c. 作嘔、作悶	0	1	2	75.	害羞或膽怯	
1	2		d. 眼睛有毛病，請描述：	0	1	2	76.	行為火爆，難以捉摸	
1	2		e. 出疹或其他皮膚病	0	1	2	77.	要求必須立刻得到滿足， 容易氣餒	
1	2		f. 腹痛或胃痛						
1	2		g. 嘔吐						
1	2		h. 其他，請描述：						
1	2	57.	攻擊他人身體	0	1	2	78.	注意力不集中，容易分心	

0 = 不準確

1 = 接近或間中準確

2 = 非常準確及經常準確

0	1	2	79.	語言有問題 請描述_____	0	1	2	101.	曠課，逃學
					0	1	2	102.	不夠活躍，動作遲鈍或精力不足
0	1	2	80.	目光呆滯					
0	1	2	81.	被批評時感到創傷	0	1	2	103.	悶悶不樂或沮喪
0	1	2	82.	偷竊	0	1	2	104.	過份吵鬧
0	1	2	83.	收藏自己不需要的東西 請描述_____	0	1	2	105.	喝酒或濫用藥物 請描述_____
0	1	2	84.	行為古怪 請描述_____	0	1	2	106.	急於討人喜歡
0	1	2	85.	思想古怪 請描述_____	0	1	2	107.	不喜歡上學
					0	1	2	108.	害怕犯錯
0	1	2	86.	固執，煩燥或易怒	0	1	2	109.	冤住扭計
0	1	2	87.	情緒或感受會突然變化	0	1	2	110.	外表不整潔
0	1	2	88.	騷擾，鼓(古)氣	0	1	2	111.	退縮，不合群
0	1	2	89.	多疑	0	1	2	112.	有憂慮
0	1	2	90.	詛咒別人或講粗口				113.	如果該學生有其他問題不在上列之中，請在下面描述：
0	1	2	91.	談及自殺					
0	1	2	92.	成績未及理想，沒有充份發揮潛能	0	1	2	a.	_____

0	1	2	93.	說話過多	0	1	2	b.	_____
0	1	2	94.	常戲弄他人					_____
0	1	2	95.	大發脾氣，或脾氣暴躁	0	1	2	c.	_____
0	1	2	96.	對性的問題想得太多					_____
0	1	2	97.	恐嚇他人					
0	1	2	98.	上課遲到，沒精打采					
0	1	2	99.	過份注意清潔整齊					
0	1	2	100.	不做功課					

1) 在上述問卷中，你所提及貴子女的困擾，曾否令你覺得他／她需要協助？

- A. ☐ 他／她沒有或只有少許困擾
B. ☐ 有困擾，但他／她沒有求助
C. ☐ 有困擾，他／她已經求助

如選擇‘B’答案，請轉答以下問題‘2’；如選擇‘C’答案，請轉答以下問題‘3’和‘4’。

2) 如你覺得貴子女需要求助，你會建議貴子女向下列人士求助嗎？

	會	否
他／她的朋友／同學	<input type="checkbox"/>	<input type="checkbox"/>
他／她的父母	<input type="checkbox"/>	<input type="checkbox"/>
他／她的兄弟姊妹	<input type="checkbox"/>	<input type="checkbox"/>
他／她的長輩親人	<input type="checkbox"/>	<input type="checkbox"/>
他／她的同輩親人	<input type="checkbox"/>	<input type="checkbox"/>
他／她的老師／校長	<input type="checkbox"/>	<input type="checkbox"/>
他／她的學校社工／輔導主任	<input type="checkbox"/>	<input type="checkbox"/>
他／她的校外社工／輔導人員	<input type="checkbox"/>	<input type="checkbox"/>
他／她的心理學家	<input type="checkbox"/>	<input type="checkbox"/>
他／她的醫生	<input type="checkbox"/>	<input type="checkbox"/>
他／她的精神科醫生	<input type="checkbox"/>	<input type="checkbox"/>
其他（請註明：_____）	<input type="checkbox"/>	<input type="checkbox"/>

3) 如貴子女已曾求助，是誰建議：

	是	否
他／她自己	<input type="checkbox"/>	<input type="checkbox"/>
他／她的父母	<input type="checkbox"/>	<input type="checkbox"/>
他／她的老師／校長	<input type="checkbox"/>	<input type="checkbox"/>
他／她的兄弟姊妹	<input type="checkbox"/>	<input type="checkbox"/>
他／她的朋友／同學	<input type="checkbox"/>	<input type="checkbox"/>
他／她的同輩親戚	<input type="checkbox"/>	<input type="checkbox"/>
他／她的長輩親戚	<input type="checkbox"/>	<input type="checkbox"/>
他／她的醫生	<input type="checkbox"/>	<input type="checkbox"/>
其他（請註明：_____）	<input type="checkbox"/>	<input type="checkbox"/>

4) 貴子女是否曾求助於以下人士：

	是	否
老師／校長	<input type="checkbox"/>	<input type="checkbox"/>
學校社工／輔導主任	<input type="checkbox"/>	<input type="checkbox"/>
校外社工／輔導人員	<input type="checkbox"/>	<input type="checkbox"/>
心理學家	<input type="checkbox"/>	<input type="checkbox"/>
醫生	<input type="checkbox"/>	<input type="checkbox"/>
精神科醫生	<input type="checkbox"/>	<input type="checkbox"/>
其他（請註明：_____）	<input type="checkbox"/>	<input type="checkbox"/>

貴子女家庭資料

父親：

年齡：_____

教育程度

- ☐ 低於小三
- ☐ 小學
- ☐ 初中（中一至中三）
- ☐ 高中（中四至中五）
- ☐ 預科
- ☐ 大專/大學（文憑課程）
- ☐ 大學（學位課程）

居港年數：_____

母親：

年齡：_____

教育程度

- ☐ 低於小三
- ☐ 小學
- ☐ 初中（中一至中三）
- ☐ 高中（中四至中五）
- ☐ 預科
- ☐ 大專/大學（文憑課程）
- ☐ 大學（學位課程）

居港年數：_____

家庭狀況

- ☐ 核心家庭（即子女與親生父母同住）
- ☐ 單親家庭
- ☐ 重組家庭（即同住父母再婚）

是否有其他親戚同住？ ☐ 是 ☐ 否

家庭同住總人數（不包括家傭）：_____

居所類別：☐ 公共屋邨

☐ 居屋

☐ 其他（請註明：_____）

☐ 私人樓宇

☐ 臨時房屋

居所面積：_____平方呎

過去半年，家庭曾否接受公共援助？ ☐ 是 ☐ 否

家庭每月總收入：☐ 4,000元以下

☐ 4,000-6,000元

☐ 6,001-8,000元

☐ 8,001-10,000元

☐ 10,001-15,000元

☐ 15,001-20,000元

☐ 20,001-30,000元

☐ 30,001-40,000元

☐ 40,001-50,000元

☐ 50,000元以上

在過去半年，家庭是否要面對某程度之壓力（例如在財政、居住、家人健康、工作、人際關係或法律問題方面）？

- ☐ 差不多沒有壓力
- ☐ 少許壓力
- ☐ 有些壓力
- ☐ 頗多壓力
- ☐ 很多壓力

在過去半年，貴子女是否要面對某程度之困擾（例如在健康、人際關係、學業方面）？

- ☐ 差不多沒有困擾
- ☐ 少許困擾
- ☐ 有些困擾
- ☐ 頗多困擾
- ☐ 很多困擾

CHILD BEHAVIOR CHECKLIST FOR AGES 4-18

For office use only
ID #CHILD'S
NAME

SEX

☐ Boy ☐ Girl

AGE

ETHNIC
GROUP
OR RACE

TODAY'S DATE

Mo. _____ Date _____ Yr. _____

CHILD'S BIRTHDATE

Mo. _____ Date _____ Yr. _____

GRADE IN
SCHOOLNOT ATTENDING
SCHOOL ☐Please fill out this form to reflect *your*
view of the child's behavior even if other
people might not agree. Feel free to write
additional comments beside each item
and in the spaces provided on page 2.PARENTS' USUAL TYPE OF WORK, even if not working now. (Please
be specific—for example, auto mechanic, high school teacher, homemaker,
laborer, lathe operator, shoe salesman, army sergeant.)

FATHER'S

TYPE OF WORK: _____

MOTHER'S

TYPE OF WORK: _____

THIS FORM FILLED OUT BY:

☐ Mother (name): _____☐ Father (name): _____☐ Other—name & relationship to child: _____I. Please list the sports your child most likes
to take part in. For example: swimming,
baseball, skating, skate boarding, bike
riding, fishing, etc.☐ None

a. _____

b. _____

c. _____

Compared to others of the same
age, about how much time does
he/she spend in each?

Don't Know	Less Than Average	Average	More Than Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to others of the same
age, how well does he/she do each
one?

Don't Know	Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Please list your child's favorite hobbies,
activities, and games, other than sports.
For example: stamps, dolls, books, piano,
crafts, cars, singing, etc. (Do not include
listening to radio or TV.)☐ None

a. _____

b. _____

c. _____

Compared to others of the same
age, about how much time does
he/she spend in each?

Don't Know	Less Than Average	Average	More Than Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to others of the same
age, how well does he/she do each
one?

Don't Know	Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Please list any organizations, clubs,
teams, or groups your child belongs to.☐ None

a. _____

b. _____

c. _____

Compared to others of the same
age, how active is he/she in each?

Don't Know	Less Active	Average	More Active
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Please list any jobs or chores your child
has. For example: paper route, babysitting,
making bed, working in store, etc. (Include
both paid and unpaid jobs and chores.)☐ None

a. _____

b. _____

c. _____

Compared to others of the same
age, how well does he/she carry
them out?

Don't Know	Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- V. 1. About how many close friends does your child have? ☐ None ☐ 1 ☐ 2 or 3 ☐ 4 or more
(Do not include brothers & sisters)
2. About how many times a week does your child do things with any friends outside of regular school hours? ☐ Less than 1 ☐ 1 or 2 ☐ 3 or more
(Do not include brothers & sisters)

VI. Compared to others of his/her age, how well does your child:

- | | Worse | About Average | Better | |
|-----------------------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------------------------|
| a. Get along with his/her brothers & sisters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has no brothers or sisters |
| b. Get along with other kids? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Behave with his/her parents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Play and work by himself/herself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

VII. 1. For ages 6 and older—performance in academic subjects. If child is not being taught, please give reason _____

- | | Falling | Below average | Average | Above average |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Reading, English, or Language Arts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. History or Social Studies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Arithmetic or Math | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Science | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other academic subjects—for example: computer courses, foreign language, business. Do <i>not</i> include gym, shop, driver's ed., etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Is your child in a special class or special school? ☐ No ☐ Yes—what kind of class or school?

3. Has your child repeated a grade? ☐ No ☐ Yes—grade and reason

4. Has your child had any academic or other problems in school? ☐ No ☐ Yes—please describe

When did these problems start?

Have these problems ended? ☐ No ☐ Yes—when?

Does your child have any illness, physical disability, or mental handicap? ☐ No ☐ Yes—please describe

What concerns you most about your child?

Please describe the best things about your child:

Below is a list of items that describe children and youth. For each item that describes your child **now or within the past 6 months**, please circle the 2 if the item is **very true** or **often true** of your child. Circle the 1 if the item is **somewhat** or **sometimes true** of your child. If the item is **not true** of your child, circle the 0. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- | | | | | |
|---|---|---|-----|-----------------------------------------------------------------------------------------|
| 0 | 1 | 2 | 1. | Acts too young for his/her age |
| 0 | 1 | 2 | 2. | Allergy (describe): _____ |
| | | | | |
| 0 | 1 | 2 | 3. | Argues a lot |
| 0 | 1 | 2 | 4. | Asthma |
| | | | | |
| 0 | 1 | 2 | 5. | Behaves like opposite sex |
| 0 | 1 | 2 | 6. | Bowel movements outside toilet |
| | | | | |
| 0 | 1 | 2 | 7. | Bragging, boasting |
| 0 | 1 | 2 | 8. | Can't concentrate, can't pay attention for long |
| | | | | |
| 0 | 1 | 2 | 9. | Can't get his/her mind off certain thoughts; obsessions (describe): _____ |
| | | | | |
| 0 | 1 | 2 | 10. | Can't sit still, restless, or hyperactive |
| | | | | |
| 0 | 1 | 2 | 11. | Clings to adults or too dependent |
| 0 | 1 | 2 | 12. | Complains of loneliness |
| | | | | |
| 0 | 1 | 2 | 13. | Confused or seems to be in a fog |
| 0 | 1 | 2 | 14. | Cries a lot |
| | | | | |
| 0 | 1 | 2 | 15. | Cruel to animals |
| 0 | 1 | 2 | 16. | Cruelty, bullying, or meanness to others |
| | | | | |
| 0 | 1 | 2 | 17. | Day-dreams or gets lost in his/her thoughts |
| 0 | 1 | 2 | 18. | Deliberately harms self or attempts suicide |
| | | | | |
| 0 | 1 | 2 | 19. | Demands a lot of attention |
| 0 | 1 | 2 | 20. | Destroys his/her own things |
| | | | | |
| 0 | 1 | 2 | 21. | Destroys things belonging to his/her family or others |
| 0 | 1 | 2 | 22. | Disobedient at home |
| | | | | |
| 0 | 1 | 2 | 23. | Disobedient at school |
| 0 | 1 | 2 | 24. | Doesn't eat well |
| | | | | |
| 0 | 1 | 2 | 25. | Doesn't get along with other kids |
| 0 | 1 | 2 | 26. | Doesn't seem to feel guilty after misbehaving |
| | | | | |
| 0 | 1 | 2 | 27. | Easily jealous |
| 0 | 1 | 2 | 28. | Eats or drinks things that are not food — <i>don't</i> include sweets (describe): _____ |
| | | | | |
| | | | | |
| 0 | 1 | 2 | 29. | Fears certain animals, situations, or places, other than school (describe): _____ |
| | | | | |
| | | | | |
| 0 | 1 | 2 | 30. | Fears going to school |

- | | | | | |
|---|---|---|-----|------------------------------------------------------------|
| 0 | 1 | 2 | 31. | Fears he/she might think or do something bad |
| | | | | |
| 0 | 1 | 2 | 32. | Feels he/she has to be perfect |
| 0 | 1 | 2 | 33. | Feels or complains that no one loves him/her |
| | | | | |
| 0 | 1 | 2 | 34. | Feels others are out to get him/her |
| 0 | 1 | 2 | 35. | Feels worthless or inferior |
| | | | | |
| 0 | 1 | 2 | 36. | Gets hurt a lot, accident-prone |
| 0 | 1 | 2 | 37. | Gets in many fights |
| | | | | |
| 0 | 1 | 2 | 38. | Gets teased a lot |
| 0 | 1 | 2 | 39. | Hangs around with others who get in trouble |
| | | | | |
| 0 | 1 | 2 | 40. | Hears sounds or voices that aren't there (describe): _____ |
| | | | | |
| 0 | 1 | 2 | 41. | Impulsive or acts without thinking |
| | | | | |
| 0 | 1 | 2 | 42. | Would rather be alone than with others |
| 0 | 1 | 2 | 43. | Lying or cheating |
| | | | | |
| 0 | 1 | 2 | 44. | Bites fingernails |
| 0 | 1 | 2 | 45. | Nervous, highstrung, or tense |
| | | | | |
| 0 | 1 | 2 | 46. | Nervous movements or twitching (describe): _____ |
| | | | | |
| | | | | |
| 0 | 1 | 2 | 47. | Nightmares |
| | | | | |
| 0 | 1 | 2 | 48. | Not liked by other kids |
| 0 | 1 | 2 | 49. | Constipated, doesn't move bowels |
| | | | | |
| 0 | 1 | 2 | 50. | Too fearful or anxious |
| 0 | 1 | 2 | 51. | Feels dizzy |
| | | | | |
| 0 | 1 | 2 | 52. | Feels too guilty |
| 0 | 1 | 2 | 53. | Overeating |
| | | | | |
| 0 | 1 | 2 | 54. | Overtired |
| 0 | 1 | 2 | 55. | Overweight |
| | | | | |
| | | | 56. | Physical problems without known medical cause: |
| 0 | 1 | 2 | a. | Aches or pains (<i>not</i> headaches) |
| 0 | 1 | 2 | b. | Headaches |
| 0 | 1 | 2 | c. | Nausea, feels sick |
| 0 | 1 | 2 | d. | Problems with eyes (describe): _____ |
| | | | | |
| 0 | 1 | 2 | e. | Rashes or other skin problems |
| 0 | 1 | 2 | f. | Stomachaches or cramps |
| 0 | 1 | 2 | g. | Vomiting, throwing up |
| 0 | 1 | 2 | h. | Other (describe): _____ |

Please see other side

0 = Not True (as far as you know)			1 = Somewhat or Sometimes True			2 = Very True or Often True		
0	1	2	57.	Physically attacks people				
0	1	2	58.	Picks nose, skin, or other parts of body (describe): _____				
0	1	2	59.	Plays with own sex parts in public				
0	1	2	60.	Plays with own sex parts too much				
0	1	2	61.	Poor school work				
0	1	2	62.	Poorly coordinated or clumsy				
0	1	2	63.	Prefers being with older kids				
0	1	2	64.	Prefers being with younger kids				
0	1	2	65.	Refuses to talk				
0	1	2	66.	Repeats certain acts over and over; compulsions (describe): _____				
0	1	2	67.	Runs away from home				
0	1	2	68.	Screams a lot				
0	1	2	69.	Secretive, keeps things to self				
0	1	2	70.	Sees things that aren't there (describe): _____				
0	1	2	71.	Self-conscious or easily embarrassed				
0	1	2	72.	Sets fires				
0	1	2	73.	Sexual problems (describe): _____				
0	1	2	74.	Showing off or clowning				
0	1	2	75.	Shy or timid				
0	1	2	76.	Sleeps less than most kids				
0	1	2	77.	Sleeps more than most kids during day and/or night (describe): _____				
0	1	2	78.	Smears or plays with bowel movements				
0	1	2	79.	Speech problem (describe): _____				
0	1	2	80.	Stares blankly				
0	1	2	81.	Steals at home				
0	1	2	82.	Steals outside the home				
0	1	2	83.	Stores up things he/she doesn't need (describe): _____				
0	1	2	84.	Strange behavior (describe): _____				
0	1	2	85.	Strange ideas (describe): _____				
0	1	2	86.	Stubborn, sullen, or irritable				
0	1	2	87.	Sudden changes in mood or feelings				
0	1	2	88.	Sulks a lot				
0	1	2	89.	Suspicious				
0	1	2	90.	Swearing or obscene language				
0	1	2	91.	Talks about killing self				
0	1	2	92.	Talks or walks in sleep (describe): _____				
0	1	2	93.	Talks too much				
0	1	2	94.	Teases a lot				
0	1	2	95.	Temper tantrums or hot temper				
0	1	2	96.	Thinks about sex too much				
0	1	2	97.	Threatens people				
0	1	2	98.	Thumb-sucking				
0	1	2	99.	Too concerned with neatness or cleanliness				
0	1	2	100.	Trouble sleeping (describe): _____				
0	1	2	101.	Truancy, skips school				
0	1	2	102.	Underactive, slow moving, or lacks energy				
0	1	2	103.	Unhappy, sad, or depressed				
0	1	2	104.	Unusually loud				
0	1	2	105.	Uses alcohol or drugs for nonmedical purposes (describe): _____				
0	1	2	106.	Vandalism				
0	1	2	107.	Wets self during the day				
0	1	2	108.	Wets the bed				
0	1	2	109.	Whining				
0	1	2	110.	Wishes to be of opposite sex				
0	1	2	111.	Withdrawn, doesn't get involved with others				
0	1	2	112.	Worries				
0	1	2	113.	Please write in any problems your child has that were not listed above:				
0	1	2		_____				
0	1	2		_____				
0	1	2		_____				

PLEASE BE SURE YOU HAVE ANSWERED ALL ITEMS.

PAGE 4

UNDERLINE ANY YOU ARE CONCERNED ABOUT.

- 1) Have you ever felt that your child need to seek help because of his/her emotional or behavioural problems mentioned above?
- A. He/she has no or only mild emotional or behavioural problems
 - B. He/she has emotional or behavioural problems but he/she has not sought help
 - C. He/she has emotional or behavioural problems and he/she has sought help

If you choose 'B', please answer question '2' ; If you choose 'C'. please answer questions '3' and '4'.

- 2) Will you suggest your child to seek help from the following people?

	Yes	No
His/Her friends/classmates	<input type="checkbox"/>	<input type="checkbox"/>
His/Her parents	<input type="checkbox"/>	<input type="checkbox"/>
His/Her siblings	<input type="checkbox"/>	<input type="checkbox"/>
His/Her seniors	<input type="checkbox"/>	<input type="checkbox"/>
His/Her peers	<input type="checkbox"/>	<input type="checkbox"/>
His/Her teacher/principal	<input type="checkbox"/>	<input type="checkbox"/>
His/Her school social worker/student guidance officer	<input type="checkbox"/>	<input type="checkbox"/>
His/Her social worker/counsellor	<input type="checkbox"/>	<input type="checkbox"/>
His/Her psychologist	<input type="checkbox"/>	<input type="checkbox"/>
His/Her physician	<input type="checkbox"/>	<input type="checkbox"/>
His/Her psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify _____)	<input type="checkbox"/>	<input type="checkbox"/>

- 3) If your child has already sought help, who suggest it:

	Yes	No
Himself/Herself	<input type="checkbox"/>	<input type="checkbox"/>
His/Her parents	<input type="checkbox"/>	<input type="checkbox"/>
His/Her teacher/principal	<input type="checkbox"/>	<input type="checkbox"/>
His/Her siblings	<input type="checkbox"/>	<input type="checkbox"/>
His/Her friend/classmate	<input type="checkbox"/>	<input type="checkbox"/>
His/Her seniors	<input type="checkbox"/>	<input type="checkbox"/>
His/Her peers	<input type="checkbox"/>	<input type="checkbox"/>
His/Her physician	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify _____)	<input type="checkbox"/>	<input type="checkbox"/>

- 4) Have your child sought help from the following people:

	Yes	No
His/Her teacher/principal	<input type="checkbox"/>	<input type="checkbox"/>
His/Her school social worker/student guidance officer	<input type="checkbox"/>	<input type="checkbox"/>
His/Her social worker/counsellor	<input type="checkbox"/>	<input type="checkbox"/>
His/Her psychologist	<input type="checkbox"/>	<input type="checkbox"/>
His/Her physician	<input type="checkbox"/>	<input type="checkbox"/>
His/Her psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify _____)	<input type="checkbox"/>	<input type="checkbox"/>

Sociodemographic questionnaire

Father:

Age: _____

Mother:

Age: _____

Education Level:

- ☐ Below P.3
- ☐ Primary
- ☐ Junior High School(F.1 to F.3)
- ☐ Senior High School (F.4 to F.5)
- ☐ Pre-University (Form 6 to Form 7)
- ☐ Polytechnic/University (Diploma Course)
- ☐ University (degree course)

Education Level:

- ☐ Below P.3
- ☐ Primary
- ☐ Junior High School(F.1 to F.3)
- ☐ Senior High School (F.4 to F.5)
- ☐ Pre-University (Form 6 to Form 7)
- ☐ Polytechnic/University (Diploma Course)
- ☐ University (degree course)

Duration stay in Hong Kong: ____ years

Duration stay in Hong Kong: ____ years

Family status:

- ☐ Nuclear family (children living with biological parents)
- ☐ Single parent family
- ☐ Reconstituted family (parents living with children are re-married)

Is the child living together with other relative?

☐ Yes

☐ No

Number of family members living together (exclude Philipino maid) : _____

Type of housing:

☐ Public Estate

☐ Self-Owned Flat

☐ Home Ownership Scheme

☐ Temporary Housing

Size of flat : _____ m²

Have your family received any public assistance from the Social Welfare Department in the past six months?

☐ Yes

☐ No

Total Family Income: ☐ \$4,000 ☐ \$15,001-20,000
☐ \$4,000-6,000 ☐ \$20,001-30,000
☐ \$6,001-8,000 ☐ \$30,001-40,000
☐ \$8,001-10,000 ☐ \$40,001-50,000
☐ \$10,001-15,000 ☐ above \$50,000

Is your family under certain level of stress (e.g. financial difficulty, housing problem, illness of family members, occupational and social relationship problems or legal affairs) in the past six months?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Greatly
- ☐ Extremely

Is your child distressed by certain problems in the past six months (e.g. health problems, social relationship, academic performance)

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Greatly
- ☐ Extremely

學生編號:

For office use only
ID #

青少年自陳量表(十一至十八歲)

(YOUTH SELF-REPORT FOR AGES 11-18)

姓名:	籍貫: 出生地點:	父母通常的職業(即使現時沒有工作), 請說明職業類別 例如:司機,教師,家庭主婦,工人,機械操作員,皮鞋售貨員,警察。
性別: <input type="checkbox"/> 男 <input type="checkbox"/> 女	年齡:	
填寫日期: 年 月 日	出生日期: 年 月 日	父親職業: _____ 母親職業: _____
就讀班級: _____	如果你已就業,請說明職業類別: _____	請根據自己的意見填寫此問卷,即使其他人有不同的意見。請隨意每條題目旁或第3頁問題的空位上發表你的意見。
<input type="checkbox"/> 沒有上學		

1. 請列出你最喜歡參與之運動項目。例如:游泳、足球、羽毛球、籃球、排球、踏單車、釣魚、溜冰、滑板等。

與其他同年齡的人比較,
你在每項運動所用的時間?與其他同年齡的人比較,
你在每項運動的表現如何?

<input type="checkbox"/> 無	比一般少	一般	比一般多	低於一般	一般	高於一般
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. 請列出你最喜歡之嗜好,活動及遊戲(不包括體育活動)。例如:集郵、玩紙牌、閱讀、彈琴、唱歌、手工藝、玩模型車等(請不包括聽收音機或看電視)。

與其他同年齡的人比較,
你在每項活動所用的時間?與其他同年齡的人比較,
你在每項活動的表現如何?

<input type="checkbox"/> 無	比一般少	一般	比一般多	低於一般	一般	高於一般
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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3. 請列出你課餘參與的組織
或團體的名稱。

與其他同年齡的人比較，你的
參與程度如何？

	不甚 積極	一般	非常 積極
<input type="checkbox"/> 無			
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. 請列出你所做的任何工作或兼職，
如派報紙，做店務員，看管小孩，
整理床單，洗碗，掃地，售貨等
(包括有薪及無薪之工作)。

與其他同年齡的人比較，你
的工作表現如何？

	低於 一般	一般	高於 一般
<input type="checkbox"/> 無			
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.(1) 你有多少好朋友？
(不包括兄弟姊妹)

☐無 ☐一位 ☐二至三位 ☐四位或以上

(2) 你每星期與朋友一起參
加課外活動的次數。
(不包括兄弟姊妹)

☐少於一次 ☐一至兩次 ☐三次或以上

6. 與同年齡的人比較，你在下列各項表現如何？

	比一 般差	一般	比一 般好	
a. 與兄弟姊妹相處	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 我沒有兄弟姊妹
b. 與其他年青人相處	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. 與父母相處	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. 獨自工作之能力	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7. 以下是有關你學業成績之問題:

如果沒有上學，請寫出理由: _____

	不及格	低於一般	一般	高於一般
a. 中文	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 英文	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 歷史或社會	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 數學	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 科學	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
其他學科 - f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
例如電腦，地理或商科。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(不包括體操，勞作等。) g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

你有沒有疾病、身體傷殘或弱智?

☐ 沒有

☐ 有

請描述: _____

請說明在學校你關注或感困難的事:

除上述之外，還有其他令你關注的事嗎?

請形容你的各項優點:

以下是一系列有關青少年的描述。請根據你現在或過往六個月內的情況，評定下列每一項對你描述之準確程度：

非常準確或經常準確，請圈 2；
接近或間中準確，請圈 1；
不準確，請圈 0。

0 = 不準確

1 = 接近或間中準確

2 = 非常準確或經常準確

0	1	2	1. 我行爲幼稚,與年齡不符	0	1	2	19. 我要求別人經常注意自
0	1	2	2. 我身體患有敏感病 請描述 _____	0	1	2	20. 我破壞自己的東西
				0	1	2	21. 我破壞別人的東西
0	1	2	3. 我經常爭辯	0	1	2	22. 我不聽父母的話
0	1	2	4. 我有哮喘病	0	1	2	23. 我在學校不聽話
0	1	2	5. 我的行爲舉止像異性	0	1	2	24. 我胃口欠佳,吃得不好
0	1	2	6. 我喜愛動物	0	1	2	25. 我與其他年青人合不來
0	1	2	7. 我愛自誇	0	1	2	26. 我做了不應做的事也不感到內疚
0	1	2	8. 我很難集中注意力	0	1	2	27. 我容易妒忌別人
0	1	2	9. 我不能擺脫腦海中某些思想, 有重覆念頭。請描述: _____	0	1	2	28. 當別人有需要時,我願意幫助
0	1	2	10. 我不能安坐	0	1	2	29. 我害怕某些動物、場合或地方(不包括學校) 請描述 _____
0	1	2	11. 我過份倚賴大人	0	1	2	30. 我害怕上學
0	1	2	12. 我覺得孤單寂寞	0	1	2	31. 我害怕自己會產生壞念頭或做壞事
0	1	2	13. 我感到胡里胡塗,或茫然不知所措	0	1	2	32. 我覺得自己必須十全十美
0	1	2	14. 我經常哭泣	0	1	2	33. 我覺得沒有人喜歡我
0	1	2	15. 我頗誠實	0	1	2	34. 我覺得別人全心為難我
0	1	2	16. 我對別人苛刻	0	1	2	35. 我覺得自己無用或自卑
0	1	2	17. 我好做白日夢				
0	1	2	18. 我故意傷害自己或企圖自殺				

0 = 不準確

1 = 接近或間中準確


2 = 非常準確或經常準確

0	1	2	36.	我身體經常意外受傷	0	1	2	57.	我攻擊他人身體
0	1	2	37.	我經常與人打架	0	1	2	58.	我搔皮膚或身體其他部份 請描述 _____
0	1	2	38.	我經常被人戲弄					
0	1	2	39.	我喜歡和惹事生非的年青人 來往	0	1	2	59.	我可以頗友善
0	1	2	40.	我聽到別人認為不存在的聲 音或人聲 請描述 _____	0	1	2	60.	我喜歡嘗試新事物
					0	1	2	61.	我功課差
0	1	2	41.	我行事衝動，不經三思	0	1	2	62.	我動作不協調或笨拙
0	1	2	42.	我喜歡獨處多過與人一起	0	1	2	63.	我較喜歡和年紀比我大的 年青人一起
0	1	2	43.	我撒謊或欺騙	0	1	2	64.	我較喜歡和年紀比我小的 年青人一起
0	1	2	44.	我咬指甲	0	1	2	65.	我拒絕與人交談
0	1	2	45.	我神經過敏或緊張	0	1	2	66.	我不斷重複某些動作 請描述 _____
0	1	2	46.	我身體某部份抽搐或做 出緊張的動作 請描述 _____					
0	1	2	47.	我發惡夢	0	1	2	67.	我離家出走
0	1	2	48.	我不被其他年青人喜歡	0	1	2	68.	我經常尖叫
0	1	2	49.	有些事情我比大部份年青 人做得好	0	1	2	69.	我很密實，有事不會說出 來
0	1	2	50.	我過度恐懼或焦慮	0	1	2	70.	我看到別人認為不存在的 東西 請描述 _____
0	1	2	51.	我感到頭暈					
0	1	2	52.	我過於感到內疚	0	1	2	71.	我很自覺或容易感到尷尬
0	1	2	53.	我吃得過多	0	1	2	72.	我放火
0	1	2	54.	我感到過份疲勞	0	1	2	73.	我的手藝很好
0	1	2	55.	我身體過胖	0	1	2	74.	我炫耀自己或扮小丑
			56.	病因不明的症狀	0	1	2	75.	我很害羞
0	1	2		a. 疼痛(除頭痛外)	0	1	2	76.	我比大多數年青人睡得少
0	1	2		b. 頭痛	0	1	2	77.	我比大多數年青人在白天 和/或晚間睡得多 請描述 _____
0	1	2		c. 作嘔、作悶					
0	1	2		d. 眼睛有毛病，請描述： _____	0	1	2	78.	我有豐富的想像力
0	1	2		e. 出疹或其他皮膚病					
0	1	2		f. 腹痛或胃痛					
0	1	2		g. 嘔吐					
0	1	2		h. 其他，請描述 _____					

0 = 不準確

1 = 接近或間中準確

2 = 非常準確或經常準確

0	1	2	79.	我語言有問題 請描述 _____	0	1	2	101.	我曠課或逃學
				_____	0	1	2	102.	我的精力不足
0	1	2	80.	我會堅持自己應有的權利	0	1	2	103.	我悶悶不樂或沮喪
0	1	2	81.	我在家裡偷竊	0	1	2	104.	我比其他年青人更吵鬧
0	1	2	82.	我在家外偷竊	0	1	2	105.	我喝酒或濫用藥物 請描述 _____
0	1	2	83.	我收藏自己不需要的東西 請描述 _____					_____
				_____	0	1	2	106.	我盡量以公道待人
0	1	2	84.	我有些行為別人會覺得古怪 請描述 _____					
				_____	0	1	2	107.	我喜歡好的笑話
0	1	2	85.	我有些想法別人會覺得古怪 請描述 _____	0	1	2	108.	我喜歡隨遇而安
				_____	0	1	2	109.	在能力範圍內，我盡量 幫助別人
0	1	2	86.	我很固執	0	1	2	110.	我想變成異性
0	1	2	87.	我的情緒或感受會突然變化	0	1	2	111.	我盡量避免與人深交
0	1	2	88.	我喜歡與別人在一起	0	1	2	112.	我有很多憂慮
0	1	2	89.	我多疑					
0	1	2	90.	我詛咒別人或講粗口	除上述項目外，請在下面描述任何有關你的感受，行為或興趣。 <div style="text-align: center;">  </div>				
0	1	2	91.	我想到自殺					
0	1	2	92.	我喜歡引人發笑					
0	1	2	93.	我說話過多					
0	1	2	94.	我常戲弄他人					
0	1	2	95.	我的脾氣暴躁					
0	1	2	96.	我對性的問題想得太多					
0	1	2	97.	我恐嚇要傷害他人					
0	1	2	98.	我喜歡幫助別人					
0	1	2	99.	我過份注意清潔整齊					
0	1	2	100.	我睡得不好 請描述 _____					

我們希望知道你對自己父母的看法，請在適當的空格內加一「✓」號：

1. 你認為以下的句子是否適合形容你的父親？

不 適 合	適 合
-------------	--------

- | | | |
|--------------------------|--------------------------|--------------------------|
| 1. 當有問題時，我可以依賴他幫助我解決問題。 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 他時常要求我做每一件事都要做到最好。 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 他常常鼓勵我去獨立思考每一件事。 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 當我溫習功課時，若遇到困難，他會從旁指導。 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 當他吩咐我做事情之前，他會解釋原因。 | <input type="checkbox"/> | <input type="checkbox"/> |

你認為以下的句子是否適合形容你的母親？

- | | | |
|--------------------------|--------------------------|--------------------------|
| 6. 當有問題時，我可以依賴她幫助我去解決問題。 | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. 她時常要求我做每一件事都要做到最好。 | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. 她常常鼓勵我去獨立思考每一件事。 | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. 當我溫習功課時，若遇到困難，她會從旁指導。 | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. 當她吩咐我做事情之前，她會解釋原因。 | <input type="checkbox"/> | <input type="checkbox"/> |

11. 當你在學校的成績低劣時，你的父母有沒有鼓勵你更加努力？

☐ 常常 ☐ 有時 ☐ 沒有

12. 當你在學校取得優良成績時，你的父母有沒有稱讚你？

☐ 常常 ☐ 有時 ☐ 沒有

13. 你的父母對於你的朋友們有多少認識？

☐ 認識很多 ☐ 有認識 ☐ 完全不認識

以下的情況會在你的家庭發生嗎？

- | | 差不多完全沒有 | 一個月幾次 | 一星期幾次 | 差不多每天都有 |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 14. 我的父母會抽時間和我傾談 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. 我一家人會一起玩樂 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16. 在平日（星期一至五），你最遲可以在甚麼時間才回家？

- ☐ 晚上8:00之前
- ☐ 晚上8:00至8:59
- ☐ 晚上9:00至9:59
- ☐ 晚上10:00至10:59
- ☐ 晚上11:00或之後
- ☐ 沒有限制

17. 在週末或假日，你最遲可以在甚麼時間才回家？

- ☐ 不准外出
- ☐ 晚上9:00之前
- ☐ 晚上9:00至9:59
- ☐ 晚上10:00至10:59
- ☐ 晚上11:00或11:59
- ☐ 零時12:00至12:59
- ☐ 零時1:00至1:59
- ☐ 零時2:00之後
- ☐ 沒有限制

18. 你的父母是否知道你放學後去甚麼地方？

☐ 知道

☐ 不知道

- | | 不想知 | 有時想知 | 十分想知 |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| 19. 晚上出外時，你父母 <u>想知道</u> 你會去甚麼地方嗎？ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. 課餘時，你父母 <u>想知道</u> 你會做些甚麼嗎？ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. 放學後，你父母 <u>想知道</u> 你通常會去甚麼地方嗎？ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | 不知 | 有時知 | 大部份時間都知 |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 22. 晚上出外時，你父母 <u>確實知道</u> 你會去甚麼地方嗎？ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. 課餘時，你父母 <u>確實知道</u> 你會做些甚麼嗎？ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. 放學後，你父母 <u>確實知道</u> 你通常會去甚麼地方嗎？ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

在過去半年，你家庭是否要面對某程度之壓力（例如在財政、居住、家人健康、工作、人際關係或法律問題方面）？

- ☐ 差不多沒有壓力
- ☐ 少許壓力
- ☐ 有些壓力
- ☐ 頗多壓力
- ☐ 很多壓力

在過去半年，你是否要面對某程度之困擾（例如在健康、人際關係、學業方面）？

- ☐ 差不多沒有困擾
- ☐ 少許困擾
- ☐ 有些困擾
- ☐ 頗多困擾
- ☐ 很多困擾

1) 在上述問卷中，你所提及的困擾，曾否令你覺得需要協助？

- A. ☐ 沒有或只有少許困擾
B. ☐ 有困擾，但沒有求助
C. ☐ 有困擾，已經求助

如選擇 'B' 答案，請轉答以下問題 '2'；如選擇 'C' 答案，請轉答以下問題 '3' 和 '4'。

2) 如你覺得需要求助，你會否向下列人士求助？

	會	否
朋友／同學	<input type="checkbox"/>	<input type="checkbox"/>
父母	<input type="checkbox"/>	<input type="checkbox"/>
兄弟姊妹	<input type="checkbox"/>	<input type="checkbox"/>
長輩親人	<input type="checkbox"/>	<input type="checkbox"/>
同輩親人	<input type="checkbox"/>	<input type="checkbox"/>
老師／校長	<input type="checkbox"/>	<input type="checkbox"/>
學校社工／輔導主任	<input type="checkbox"/>	<input type="checkbox"/>
校外社工／輔導人員	<input type="checkbox"/>	<input type="checkbox"/>
心理學家	<input type="checkbox"/>	<input type="checkbox"/>
醫生	<input type="checkbox"/>	<input type="checkbox"/>
精神科醫生	<input type="checkbox"/>	<input type="checkbox"/>
其他（請註明：_____）	<input type="checkbox"/>	<input type="checkbox"/>

3) 如你已曾求助，是誰建議：

	是	否
我自己	<input type="checkbox"/>	<input type="checkbox"/>
我的父母	<input type="checkbox"/>	<input type="checkbox"/>
我的老師／校長	<input type="checkbox"/>	<input type="checkbox"/>
我的兄弟姊妹	<input type="checkbox"/>	<input type="checkbox"/>
我的朋友／同學	<input type="checkbox"/>	<input type="checkbox"/>
我的同輩親戚	<input type="checkbox"/>	<input type="checkbox"/>
我的長輩親戚	<input type="checkbox"/>	<input type="checkbox"/>
我的醫生	<input type="checkbox"/>	<input type="checkbox"/>
其他（請註明：_____）	<input type="checkbox"/>	<input type="checkbox"/>

4) 你是否曾求助於以下人士：

	是	否
老師／校長	<input type="checkbox"/>	<input type="checkbox"/>
學校社工／輔導主任	<input type="checkbox"/>	<input type="checkbox"/>
校外社工／輔導人員	<input type="checkbox"/>	<input type="checkbox"/>
心理學家	<input type="checkbox"/>	<input type="checkbox"/>
醫生	<input type="checkbox"/>	<input type="checkbox"/>
精神科醫生	<input type="checkbox"/>	<input type="checkbox"/>
其他（請註明：_____）	<input type="checkbox"/>	<input type="checkbox"/>

YOUTH SELF-REPORT FOR AGES 11-18

For office use only
ID #

YOUR NAME			PARENTS' USUAL TYPE OF WORK, even if not working now (Please be specific—for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)		
YOUR SEX <input type="checkbox"/> Boy <input type="checkbox"/> Girl	YOUR AGE	ETHNIC GROUP OR RACE	FATHER'S TYPE OF WORK: _____		
TODAY'S DATE Mo. _____ Date _____ Yr. _____		YOUR BIRTHDATE Mo. _____ Date _____ Yr. _____	MOTHER'S TYPE OF WORK: _____		
GRADE IN SCHOOL NOT ATTENDING SCHOOL <input type="checkbox"/>	IF YOU ARE WORKING, STATE TYPE OF WORK		Please fill out this form to reflect <i>your</i> views, even if other people might not agree. Feel free to write additional comments beside each item and in the spaces provided on pages 2 and 4.		

- I. Please list the sports you most like to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

☐ None

a. _____

b. _____

c. _____

Compared to others of your age, about how much time do you spend in each?

Less Than Average Average More Than Average

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

Compared to others of your age, how well do you do each one?

Below Average Average Above Average

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

- II. Please list your favorite hobbies, activities, and games, other than sports. For example: cards, books, piano, autos, crafts, etc. (Do not include listening to radio or TV.)

☐ None

a. _____

b. _____

c. _____

Compared to others of your age, about how much time do you spend in each?

Less Than Average Average More Than Average

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

Compared to others of your age, how well do you do each one?

Below Average Average Above Average

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

- III. Please list any organizations, clubs, teams or groups you belong to.

☐ None

a. _____

b. _____

c. _____

Compared to others of your age, how active are you in each?

Less Active Average More Active

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

- IV. Please list any jobs or chores you have. For example: Paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)

☐ None

a. _____

b. _____

c. _____

Compared to others of your age, how well do you carry them out?

Below Average Average Above Average

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

- V. 1. About how many close friends do you have? ☐ None ☐ 1 ☐ 2 or 3 ☐ 4 or more
(Do not include brothers & sisters)
2. About how many times a week do you do things with any friends outside of regular school hours?
(Do not include brothers & sisters) ☐ less than 1 ☐ 1 or 2 ☐ 3 or more

VI. Compared to others of your age, how well do you:

	Worse	About the same	Better	
a. Get along with your brothers & sisters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I have no brothers or sisters
b. Get along with other kids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Get along with your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Do things by yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VII. Performance in academic subjects. ☐ I do not go to school because _____

	Failing	Below Average	Average	Above Average
a. English or Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. History or Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other academic subjects – for example: computer courses, foreign language, business. Do not include gym, shop, driver's ed., etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any illness, physical disability, or handicap? ☐ No ☐ Yes – please describe

Please describe any concerns or problems you have about school:

Please describe any other concerns you have:

Please describe the best things about yourself:

Below is a list of items that describe kids. For each item that describes you now or within the past 6 months, please circle the 2 if the item is very true or often true of you. Circle the 1 if the item is somewhat or sometimes true of you. If the item is not true of you, circle the 0.

0 = Not True 1 = Somewhat or Sometimes True 2 = Very True or Often True

- | | | | |
|---|---|---|------------------------------------------------------------------------------------------------|
| 0 | 1 | 2 | 1. I act too young for my age |
| 0 | 1 | 2 | 2. I have an allergy (describe): _____ |
| | | | _____ |
| | | | _____ |
| 0 | 1 | 2 | 3. I argue a lot |
| 0 | 1 | 2 | 4. I have asthma |
| 0 | 1 | 2 | 5. I act like the opposite sex |
| 0 | 1 | 2 | 6. I like animals |
| 0 | 1 | 2 | 7. I brag |
| 0 | 1 | 2 | 8. I have trouble concentrating or paying attention |
| 0 | 1 | 2 | 9. I can't get my mind off certain thoughts (describe): _____ |
| | | | _____ |
| | | | _____ |
| 0 | 1 | 2 | 10. I have trouble sitting still |
| 0 | 1 | 2 | 11. I'm too dependent on adults |
| 0 | 1 | 2 | 12. I feel lonely |
| 0 | 1 | 2 | 13. I feel confused or in a fog |
| 0 | 1 | 2 | 14. I cry a lot |
| 0 | 1 | 2 | 15. I am pretty honest |
| 0 | 1 | 2 | 16. I am mean to others |
| 0 | 1 | 2 | 17. I daydream a lot |
| 0 | 1 | 2 | 18. I deliberately try to hurt or kill myself |
| 0 | 1 | 2 | 19. I try to get a lot of attention |
| 0 | 1 | 2 | 20. I destroy my own things |
| 0 | 1 | 2 | 21. I destroy things belonging to others |
| 0 | 1 | 2 | 22. I disobey my parents |
| 0 | 1 | 2 | 23. I disobey at school |
| 0 | 1 | 2 | 24. I don't eat as well as I should |
| 0 | 1 | 2 | 25. I don't get along with other kids |
| 0 | 1 | 2 | 26. I don't feel guilty after doing something I shouldn't |
| 0 | 1 | 2 | 27. I am jealous of others |
| 0 | 1 | 2 | 28. I am willing to help others when they need help |
| 0 | 1 | 2 | 29. I am afraid of certain animals, situations, or places, other than school (describe): _____ |
| | | | _____ |
| | | | _____ |
| 0 | 1 | 2 | 30. I am afraid of going to school |
| 0 | 1 | 2 | 31. I am afraid I might think or do something bad |
| 0 | 1 | 2 | 32. I feel that I have to be perfect |
| 0 | 1 | 2 | 33. I feel that no one loves me |
| 0 | 1 | 2 | 34. I feel that others are out to get me |
| 0 | 1 | 2 | 35. I feel worthless or inferior |
| 0 | 1 | 2 | 36. I accidentally get hurt a lot |
| 0 | 1 | 2 | 37. I get in many fights |
| 0 | 1 | 2 | 38. I get teased a lot |
| 0 | 1 | 2 | 39. I hang around with kids who get in trouble |

- | | | | |
|---|---|---|------------------------------------------------------------------------------------|
| 0 | 1 | 2 | 40. I hear sounds or voices that other people think aren't there (describe): _____ |
| | | | _____ |
| | | | _____ |
| 0 | 1 | 2 | 41. I act without stopping to think |
| 0 | 1 | 2 | 42. I would rather be alone than with others |
| 0 | 1 | 2 | 43. I lie or cheat |
| 0 | 1 | 2 | 44. I bite my fingernails |
| 0 | 1 | 2 | 45. I am nervous or tense |
| 0 | 1 | 2 | 46. Parts of my body twitch or make nervous movements (describe): _____ |
| | | | _____ |
| | | | _____ |
| 0 | 1 | 2 | 47. I have nightmares |
| 0 | 1 | 2 | 48. I am not liked by other kids |
| 0 | 1 | 2 | 49. I can do certain things better than most kids |
| 0 | 1 | 2 | 50. I am too fearful or anxious |
| 0 | 1 | 2 | 51. I feel dizzy |
| 0 | 1 | 2 | 52. I feel too guilty |
| 0 | 1 | 2 | 53. I eat too much |
| 0 | 1 | 2 | 54. I feel overtired |
| 0 | 1 | 2 | 55. I am overweight |
| | | | 56. Physical problems without known medical cause: |
| 0 | 1 | 2 | a. Aches or pains (not headaches) |
| 0 | 1 | 2 | b. Headaches |
| 0 | 1 | 2 | c. Nausea, feel sick |
| 0 | 1 | 2 | d. Problems with eyes (describe): _____ |
| | | | _____ |
| | | | _____ |
| 0 | 1 | 2 | e. Rashes or other skin problems |
| 0 | 1 | 2 | f. Stomachaches or cramps |
| 0 | 1 | 2 | g. Vomiting, throwing up |
| 0 | 1 | 2 | h. Other (describe): _____ |
| | | | _____ |
| | | | _____ |
| 0 | 1 | 2 | 57. I physically attack people |
| 0 | 1 | 2 | 58. I pick my skin or other parts of my body (describe): _____ |
| | | | _____ |
| | | | _____ |
| 0 | 1 | 2 | 59. I can be pretty friendly |
| 0 | 1 | 2 | 60. I like to try new things |
| 0 | 1 | 2 | 61. My school work is poor |
| 0 | 1 | 2 | 62. I am poorly coordinated or clumsy |
| 0 | 1 | 2 | 63. I would rather be with older kids than with kids my own age |

0 = Not True 1 = Somewhat or Sometimes True 2 = Very True or Often True

- | | | | | | |
|---|---|---|-----|-----------------------------------------------------------------------|--|
| 0 | 1 | 2 | 64. | I would rather be with younger kids than with kids my own age | |
| 0 | 1 | 2 | 65. | I refuse to talk | |
| 0 | 1 | 2 | 66. | I repeat certain actions over and over (describe): _____ | |
| | | | | _____ | |
| | | | | _____ | |
| 0 | 1 | 2 | 67. | I run away from home | |
| 0 | 1 | 2 | 68. | I scream a lot | |
| 0 | 1 | 2 | 69. | I am secretive or keep things to myself | |
| 0 | 1 | 2 | 70. | I see things that other people think aren't there (describe): _____ | |
| | | | | _____ | |
| | | | | _____ | |
| 0 | 1 | 2 | 71. | I am self-conscious or easily embarrassed | |
| 0 | 1 | 2 | 72. | I set fires | |
| 0 | 1 | 2 | 73. | I can work well with my hands | |
| 0 | 1 | 2 | 74. | I show off or clown | |
| 0 | 1 | 2 | 75. | I am shy | |
| 0 | 1 | 2 | 76. | I sleep less than most kids | |
| 0 | 1 | 2 | 77. | I sleep more than most kids during day and/or night (describe): _____ | |
| | | | | _____ | |
| | | | | _____ | |
| 0 | 1 | 2 | 78. | I have a good imagination | |
| 0 | 1 | 2 | 79. | I have a speech problem (describe): _____ | |
| | | | | _____ | |
| | | | | _____ | |
| | | | | _____ | |
| 0 | 1 | 2 | 80. | I stand up for my rights | |
| 0 | 1 | 2 | 81. | I steal at home | |
| 0 | 1 | 2 | 82. | I steal from places other than home | |
| 0 | 1 | 2 | 83. | I store up things I don't need (describe): _____ | |
| | | | | _____ | |
| | | | | _____ | |
| 0 | 1 | 2 | 84. | I do things other people think are strange (describe): _____ | |
| | | | | _____ | |
| | | | | _____ | |

- | | | | | | |
|---|---|---|------|-----------------------------------------------------------------------------|--|
| 0 | 1 | 2 | 85. | I have thoughts that other people would think are strange (describe): _____ | |
| | | | | _____ | |
| | | | | _____ | |
| 0 | 1 | 2 | 86. | I am stubborn | |
| 0 | 1 | 2 | 87. | My moods or feelings change suddenly | |
| 0 | 1 | 2 | 88. | I enjoy being with other people | |
| 0 | 1 | 2 | 89. | I am suspicious | |
| 0 | 1 | 2 | 90. | I swear or use dirty language | |
| 0 | 1 | 2 | 91. | I think about killing myself | |
| 0 | 1 | 2 | 92. | I like to make others laugh | |
| 0 | 1 | 2 | 93. | I talk too much | |
| 0 | 1 | 2 | 94. | I tease others a lot | |
| 0 | 1 | 2 | 95. | I have a hot temper | |
| 0 | 1 | 2 | 96. | I think about sex too much | |
| 0 | 1 | 2 | 97. | I threaten to hurt people | |
| 0 | 1 | 2 | 98. | I like to help others | |
| 0 | 1 | 2 | 99. | I am too concerned about being neat or clean | |
| 0 | 1 | 2 | 100. | I have trouble sleeping (describe): _____ | |
| | | | | _____ | |
| | | | | _____ | |
| 0 | 1 | 2 | 101. | I cut classes or skip school | |
| 0 | 1 | 2 | 102. | I don't have much energy | |
| 0 | 1 | 2 | 103. | I am unhappy, sad, or depressed | |
| 0 | 1 | 2 | 104. | I am louder than other kids | |
| 0 | 1 | 2 | 105. | I use alcohol or drugs for nonmedical purposes (describe): _____ | |
| | | | | _____ | |
| | | | | _____ | |
| | | | | _____ | |
| 0 | 1 | 2 | 106. | I try to be fair to others | |
| 0 | 1 | 2 | 107. | I enjoy a good joke | |
| 0 | 1 | 2 | 108. | I like to take life easy | |
| 0 | 1 | 2 | 109. | I try to help other people when I can | |
| 0 | 1 | 2 | 110. | I wish I were of the opposite sex | |
| 0 | 1 | 2 | 111. | I keep from getting involved with others | |
| 0 | 1 | 2 | 112. | I worry a lot | |

Please write down anything else that describes your feelings, behavior, or interests

(1) Is your family under certain level of stress (e.g. financial difficulty, housing problem, illness of family members, occupational and social relationship problems or legal affairs) in the past six months?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Greatly
- ☐ Extremely

(2) Are you distressed by certain problems in the past six months (e.g. health problems, social relationship, academic performance)

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Greatly
- ☐ Extremely

(3) Have you ever felt that you require help because of the problems mentioned above?

- A. I have no or only mild emotional or behavioural problems
- B. I have emotional or behavioral problems but have not sought help
- C. I have emotional or behavioral problems and have sought help

If you choose 'B', please answer question '2' ; If you choose 'C'. please answer questions '3' and '4'.

(4) Will you seek help from the following people if needed?

	Yes	No
friends/classmates	<input type="checkbox"/>	<input type="checkbox"/>
parents	<input type="checkbox"/>	<input type="checkbox"/>
siblings	<input type="checkbox"/>	<input type="checkbox"/>
seniors	<input type="checkbox"/>	<input type="checkbox"/>
peers	<input type="checkbox"/>	<input type="checkbox"/>
teacher/principal	<input type="checkbox"/>	<input type="checkbox"/>
school social worker/student guidance officer	<input type="checkbox"/>	<input type="checkbox"/>
social worker/counsellor	<input type="checkbox"/>	<input type="checkbox"/>
psychologist	<input type="checkbox"/>	<input type="checkbox"/>
physician	<input type="checkbox"/>	<input type="checkbox"/>
psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify _____)		

(5) If you have already sought help, who suggests it:

	Yes	No
Myself	<input type="checkbox"/>	<input type="checkbox"/>
My parents	<input type="checkbox"/>	<input type="checkbox"/>
My teacher/principal	<input type="checkbox"/>	<input type="checkbox"/>
My siblings	<input type="checkbox"/>	<input type="checkbox"/>
My friend/classmate	<input type="checkbox"/>	<input type="checkbox"/>
My seniors	<input type="checkbox"/>	<input type="checkbox"/>
My peers	<input type="checkbox"/>	<input type="checkbox"/>
My physician	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify _____)	<input type="checkbox"/>	<input type="checkbox"/>

(6) Have you sought help from the following people:

	Yes	No
teacher/principal	<input type="checkbox"/>	<input type="checkbox"/>
school social worker/student guidance officer	<input type="checkbox"/>	<input type="checkbox"/>
social worker/counsellor	<input type="checkbox"/>	<input type="checkbox"/>
psychologist	<input type="checkbox"/>	<input type="checkbox"/>
physician	<input type="checkbox"/>	<input type="checkbox"/>
psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify _____)	<input type="checkbox"/>	<input type="checkbox"/>

Parenting Style Questionnaire

What do you think is usually true or usually false about your Father ?

True Not True

1. I can count on him to help me out, if I have some kind of problem.
2. He keeps pushing me to do my best in whatever I do.
3. He keeps pushing me to think independently.
4. He helps me with my school work if there is something I don't understand.
5. When he wants me to do something, he explains why.

What do you think is usually true or usually false about your Mother ?

True Not True

6. I can count on him to help me out, if I have some kind of problem.
7. He keeps pushing me to do my best in whatever I do.
8. He keeps pushing me to think independently.
9. He helps me with my school work if there is something I don't understand.
10. When he wants me to do something, he explains why.

11. When you get a poor grade in school, how often do your parents encourage you to try harder?

Usually sometimes never

12. When you get a good grade in school, how often do your parents praise you?

Usually sometimes never

13. How much do your parents really know who your friends are?

Know a lot know a little don't know

How often do these things happen in your family.

14. My parents spend time just talking with me

almost every day a few times a week a few time a month almost never

15. My family does something fun together

almost every day a few times a week a few time a month almost never

16. In a typical week, what is the latest you can stay out on SCHOOL NIGHTS?

Not allowed out
before 8:00 to 8:59 p.m.
9:00 to 9:59 p.m.
10:00 to 10:59 p.m.
11:00 or later
as late as I want

17. In a typical week, what is the latest you can stay out on FRIDAY OR SATURDAY NIGHT?

Not allowed out
before 9:00 p.m.
9:00 to 9:59 p.m.
10:00 to 10:59 p.m.
11:00 to 11:59 p.m.
12:00 to 12:59 a.m.
1:00 to 1:59 a.m.
after 2:00
as late as I want

18. How much do your parents try to know where you go at night?

don't try try a little try a lot

19. How much do your parents try to know what you do with your free time?

don't try try a little try a lot

20. parents know exactly where you are most afternoons after school

Yes No

21. How much do your parents TRY to know where you are most afternoons after school?

don't try try a little try a lot

22. How much do your parents REALLY try to know where you go at night?

don't know know a little know a lot

23. How much do your parents REALLY try to know what you do with your free time?

don't know know a little know a lot

24. How much do your parents REALLY try to know where you are most afternoons after school?

don't know know a little know a lot

學生編號：

For office use only
ID #教師報告調查問卷
(Teacher's Report Form)

本問卷是調查你某個學生的行為狀況。你可能欠缺詳細的資料，請你仍儘可能回答所有的問題。請隨意每項目旁及第三頁的題目中寫出閣下之評語。

學生姓名：	籍貫： 出生地點：	學生父母通常的職業(即使現時沒有工作)， 請說明職業類別 例如：司機，教師，家庭主婦，工人，機械操作員，皮鞋售貨員，警察。 父親職業：_____ 母親職業：_____
學生性別： <input type="checkbox"/> 男 <input type="checkbox"/> 女	學生年齡：	
填寫日期： 年 月 日	學生出生日期(如果知道) 年 月 日	
就讀班級：	學校名稱：	此問卷之填報人 <input type="checkbox"/> 教師 (姓名_____) <input type="checkbox"/> 輔導員 (姓名_____) <input type="checkbox"/> 其他 (姓名及與兒童/青少年之關係_____)

I. 你認識這個學生有多久？ _____ 月

II. 你對他/她有多了解？ 1. ☐ 不了解 2. ☐ 一般 3. ☐ 非常了解

III. 他/她每週有多少時間上你的課？

IV. 那是什麼課？(請具體說明，如五年級常識，六年級數學等)

V. 他/她曾否被轉介到特別班，接受輔導或特別教導？

☐ 不知道 0. ☐ 沒有 1. ☐ 有 --- 甚麼種類及何時？ _____

VI. 他/她曾否留級？

☐ 不知道 0. ☐ 沒有 1. ☐ 有 --- 年級及原因： _____

VII. 現時的學業表現 ---請列出學科名稱及在適當的方格內以×表示該學生的成績：

學科	遠低於 同級水準	稍低於 同級水準	平均水準	稍高於 同級水準	遠高於 同級水準
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. 與同年齡一般學生比較

	1. 很差	2. 較差	3. 稍差	4. 一般	5. 稍好	6. 較好	7. 很好
1. 是否努力讀書？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 行為是否適當？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 學習到多少知識？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 是否表現得愉快？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IX. 最近的考試成績(如果有的話)

考試名稱	科目	日期	百分比或成績

X. 智商、意向或學能測試(如果有的話)

測試名稱	日期	智商或同等的分數

是否有疾病、身體傷殘或弱智？

☐不是

☐是
請說明

你最關心這學生的是甚麼？

請描述這學生之各項優點：

請在以下隨意地書寫有關這學生在學業上、行為上或潛能上的評語。

以下是一系列有關學生的描述。請根據該學生現在或過往二個月內的表現，評定下列每一項描述之準確程度：

非常準確或經常準確，請圈 2；
接近或間中準確，請圈 1；
不準確，請圈 0。

請盡量回答所有問題，即使有些題目似乎不適用於該學生。

0 = 不準確 1 = 接近或間中準確 2 = 非常準確及經常準確

0	1	2	1. 行為幼稚與年齡不符	0	1	2	19. 要求別人經常注意他
0	1	2	2. 在課堂上哼聲，或發出怪聲	0	1	2	20. 破壞自己的東西
0	1	2	3. 經常爭辯	0	1	2	21. 破壞家裡或他人的東西
0	1	2	4. 不能從頭到尾做完一件事	0	1	2	22. 難於按照指示做事
0	1	2	5. 行為舉止像異性	0	1	2	23. 在學校不聽話
0	1	2	6. 與老師抗衡頂嘴	0	1	2	24. 騷擾其他學生
0	1	2	7. 吹牛，自誇	0	1	2	25. 與其他學生合不來
0	1	2	8. 精神不能集中，注意力不能持久	0	1	2	26. 對自己的惡劣行為似乎不感到內疚
0	1	2	9. 不能擺脫腦海中某些思想，有重覆念頭。請描述： _____ _____	0	1	2	27. 容易妒忌
				0	1	2	28. 吃喝不是食物的東西（不包括糖果）請描述： _____ _____
0	1	2	10. 坐立不安，活動過多或不能安坐	0	1	2	29. 害怕某些動物、場合或地方（不包括學校）請描述 _____ _____
0	1	2	11. 喜歡纏著或過份倚賴大人				
0	1	2	12. 投訴寂寞	0	1	2	30. 害怕上學
0	1	2	13. 感到胡里胡塗，或茫然不知所措	0	1	2	31. 害怕自己會產生壞念頭或做壞事
0	1	2	14. 經常哭泣	0	1	2	32. 覺得自己必須十全十美
0	1	2	15. 身體不停扭動	0	1	2	33. 覺得或抱怨沒有人喜歡他
0	1	2	16. 對人殘忍，欺負他人或對人苛刻				
0	1	2	17. 好做白日夢，或沈迷在自己的思想中	0	1	2	34. 覺得別人全心為難他
0	1	2	18. 故意傷害自己或企圖自殺	0	1	2	35. 覺得自己無用或自卑

0 = 不準確

1 = 接近或間中準確

2 = 非常準確及經常準確

0	1	2	36.	身體經常受傷，易生意外	0	1	2	58.	挖鼻孔，搔皮膚或身體其他部份，請描述_____
0	1	2	37.	經常打架					
0	1	2	38.	經常被人戲弄	0	1	2	59.	上課睡覺
0	1	2	39.	愛和惹事生非的兒童/青年來往	0	1	2	60.	缺乏朝氣，做事提不起勁
0	1	2	40.	聽到實際上不存在的聲音或人聲 請描述_____	0	1	2	61.	功課差
0	1	2	41.	行事衝動，不經三思	0	1	2	62.	動作不協調或笨拙
0	1	2	42.	喜歡獨處多過與人一起	0	1	2	63.	喜歡和年齡較大的兒童/青年一起
0	1	2	43.	撒謊或欺騙	0	1	2	64.	喜歡和年齡較小的兒童/青年一起
0	1	2	44.	咬指甲	0	1	2	65.	拒絕與人交談
0	1	2	45.	神經過敏或緊張	0	1	2	66.	不斷重複某些動作 請描述_____
0	1	2	46.	動作緊張或肌肉抽搐 請描述_____					
0	1	2	47.	過分拘泥規矩	0	1	2	67.	破壞課堂紀律
0	1	2	48.	不被其他同學喜歡	0	1	2	68.	經常尖叫
0	1	2	49.	有學習困難	0	1	2	69.	很密實，有事不會說出來
0	1	2	50.	過度恐懼或焦慮	0	1	2	70.	看到實際上不存在的東西 請描述_____
0	1	2	51.	感到頭暈					
0	1	2	52.	過於感到內疚					
0	1	2	53.	插嘴	0	1	2	71.	很自覺或容易感到尷尬
0	1	2	54.	過份疲勞	0	1	2	72.	功課雜亂無章
0	1	2	55.	身體過胖	0	1	2	73.	行為不負責任 請描述_____
0	1	2	56.	病因不明的症狀					
0	1	2		a. 疼痛(除頭痛外)	0	1	2	74.	炫耀自己或扮小丑
0	1	2		b. 頭痛	0	1	2	75.	害羞或膽怯
0	1	2		c. 作嘔、作悶	0	1	2	76.	行為火爆，難以捉摸
0	1	2		d. 眼睛有毛病，請描述：	0	1	2	77.	要求必須立刻得到滿足，容易氣餒
0	1	2		e. 出疹或其他皮膚病					
0	1	2		f. 腹痛或胃痛	0	1	2	78.	注意力不集中，容易分心
0	1	2		g. 嘔吐					
0	1	2		h. 其他，請描述：					
0	1	2	57.	攻擊他人身體					

0 = 不準確

1 = 接近或間中準確

2 = 非常準確及經常準確

0	1	2	79.	語言有問題 請描述_____	0	1	2	101.	曠課，逃學
					0	1	2	102.	不夠活躍，動作遲鈍或精力不足
0	1	2	80.	目光呆滯					
0	1	2	81.	被批評時感到創傷	0	1	2	103.	悶悶不樂或沮喪
0	1	2	82.	偷竊	0	1	2	104.	過份吵鬧
0	1	2	83.	收藏自己不需要的東西 請描述_____	0	1	2	105.	喝酒或濫用藥物 請描述_____
0	1	2	84.	行為古怪 請描述_____	0	1	2	106.	急於討人喜歡
0	1	2	85.	思想古怪 請描述_____	0	1	2	107.	不喜歡上學
					0	1	2	108.	害怕犯錯
0	1	2	86.	固執，煩燥或易怒	0	1	2	109.	冤住扭計
0	1	2	87.	情緒或感受會突然變化	0	1	2	110.	外表不整潔
0	1	2	88.	鬨爆爆，鼓(古)氣	0	1	2	111.	退縮，不合群
0	1	2	89.	多疑	0	1	2	112.	有憂慮
0	1	2	90.	詛咒別人或講粗口				113.	如果該學生有其他問題不在上列之中，請在下面描述：
0	1	2	91.	談及自殺					
0	1	2	92.	成績未及理想，沒有充份發揮潛能	0	1	2	a.	_____

0	1	2	93.	說話過多	0	1	2	b.	_____
0	1	2	94.	常戲弄他人					_____
0	1	2	95.	大發脾氣，或脾氣暴躁	0	1	2	c.	_____
0	1	2	96.	對性的問題想得太多					_____
0	1	2	97.	恐嚇他人					
0	1	2	98.	上課遲到，沒精打采					
0	1	2	99.	過份注意清潔整齊					
0	1	2	100.	不做功課					

1) 在上述問卷中，你所提及該學生的困擾，曾否令你覺得他／她需要協助？

- A. ☐ 他／她沒有或只有少許困擾
B. ☐ 有困擾，但他／她沒有求助
C. ☐ 有困擾，他／她已經求助

如選擇 'B' 答案，請轉答以下問題 '2'；如選擇 'C' 答案，請轉答以下問題 '3' 和 '4'。

2) 如你覺得該學生需要求助，你會建議該學生向下列人士求助嗎？

	會	否
他／她的朋友／同學	<input type="checkbox"/>	<input type="checkbox"/>
他／她的父母	<input type="checkbox"/>	<input type="checkbox"/>
他／她的兄弟姊妹	<input type="checkbox"/>	<input type="checkbox"/>
他／她的長輩親人	<input type="checkbox"/>	<input type="checkbox"/>
他／她的同輩親人	<input type="checkbox"/>	<input type="checkbox"/>
他／她的老師／校長	<input type="checkbox"/>	<input type="checkbox"/>
他／她的學校社工／輔導主任	<input type="checkbox"/>	<input type="checkbox"/>
他／她的校外社工／輔導人員	<input type="checkbox"/>	<input type="checkbox"/>
他／她的心理學家	<input type="checkbox"/>	<input type="checkbox"/>
他／她的醫生	<input type="checkbox"/>	<input type="checkbox"/>
他／她的精神科醫生	<input type="checkbox"/>	<input type="checkbox"/>
其他（請註明：_____）	<input type="checkbox"/>	<input type="checkbox"/>

3) 如該學生已曾求助，是誰建議：

	是	否
他／她自己	<input type="checkbox"/>	<input type="checkbox"/>
他／她的父母	<input type="checkbox"/>	<input type="checkbox"/>
他／她的老師／校長	<input type="checkbox"/>	<input type="checkbox"/>
他／她的兄弟姊妹	<input type="checkbox"/>	<input type="checkbox"/>
他／她的朋友／同學	<input type="checkbox"/>	<input type="checkbox"/>
他／她的同輩親戚	<input type="checkbox"/>	<input type="checkbox"/>
他／她的長輩親戚	<input type="checkbox"/>	<input type="checkbox"/>
他／她的醫生	<input type="checkbox"/>	<input type="checkbox"/>
其他（請註明：_____）	<input type="checkbox"/>	<input type="checkbox"/>

4) 該學生是否曾求助於以下人士：

	是	否
老師／校長	<input type="checkbox"/>	<input type="checkbox"/>
學校社工／輔導主任	<input type="checkbox"/>	<input type="checkbox"/>
校外社工／輔導人員	<input type="checkbox"/>	<input type="checkbox"/>
心理學家	<input type="checkbox"/>	<input type="checkbox"/>
醫生	<input type="checkbox"/>	<input type="checkbox"/>
精神科醫生	<input type="checkbox"/>	<input type="checkbox"/>
其他（請註明：_____）	<input type="checkbox"/>	<input type="checkbox"/>

Appendix ⑥

TEACHER'S REPORT FORM

For office use only
ID #

Your answers will be used to compare the pupil with other pupils whose teachers have completed similar forms. The information from this form will also be used for comparison with other information about this pupil. Please answer as well as you can, even if you lack full information. Scores on individual items will be combined to identify general patterns of behavior. Feel free to write additional comments beside each item and in the spaces provided on page 2.

PUPIL'S NAME			PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be as specific as you can—for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)	
PUPIL'S SEX <input type="checkbox"/> Boy <input type="checkbox"/> Girl	PUPIL'S AGE	ETHNIC GROUP OR RACE	FATHER'S TYPE OF WORK: _____	
TODAY'S DATE Mo. _____ Date _____ Yr. _____		PUPIL'S BIRTHDATE (if known) Mo. _____ Date _____ Yr. _____	MOTHER'S TYPE OF WORK: _____	
GRADE IN SCHOOL	NAME OF SCHOOL		THIS FORM FILLED OUT BY: <input type="checkbox"/> Teacher (name) _____ <input type="checkbox"/> Counselor (name) _____ <input type="checkbox"/> Other (specify) name: _____	

I. How long have you known this pupil? _____ months

II. How well do you know him/her? 1. ☐ Not Well 2. ☐ Moderately Well 3. ☐ Very Well

III. How much time does he/she spend in your class per week?

IV. What kind of class is it? (Please be specific, e.g., regular 5th grade, 7th grade math, etc.)

V. Has he/she ever been referred for special class placement, services, or tutoring?
☐ Don't Know 0. ☐ No 1. ☐ Yes—what kind and when?VI. Has he/she ever repeated a grade?
☐ Don't Know 0. ☐ No 1. ☐ Yes—grade and reason

VII. Current school performance—list academic subjects and check column that indicates pupil's performance:

Academic subject	1. Far below grade	2. Somewhat below grade	3. At grade level	4. Somewhat above grade	5. Far above grade
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. Compared to typical pupils of the same age:	1. Much less	2. Somewhat less	3. Slightly less	4. About average	5. Slightly more	6. Somewhat more	7. Much more
1. How hard is he/she working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How appropriately is he/she behaving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How much is he/she learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How happy is he/she?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IX. Most recent achievement test scores (If available):

Name of test	Subject	Date	Percentile or grade level obtained

X. IQ, readiness, or aptitude tests (If available):

Name of test	Date	IQ or equivalent scores

Does this pupil have any illness, physical disability, or mental handicap? ☐ No ☐ Yes – please describe

What concerns you most about this pupil?

Please describe the best things about this pupil:

Please feel free to write any comments about this pupil's work, behavior, or potential, using extra pages if necessary.

Below is a list of items that describe pupils. For each item that describes the pupil **now or within the past 2 months**, please circle the 2 if the item is **very true or often true** of the pupil. Circle the 1 if the item is **somewhat or sometimes true** of the pupil. If the item is **not true** of the pupil, circle the 0. Please answer all items as well as you can, even if some do not seem to apply to this pupil.

0 = Not True (as far as you know)			1 = Somewhat or Sometimes True	2 = Very True or Often True			
0	1	2	1. Acts too young for his/her age	0	1	2	31. Fears he/she might think or do something bad
0	1	2	2. Hums or makes other odd noises in class	0	1	2	32. Feels he/she has to be perfect
0	1	2	3. Argues a lot	0	1	2	33. Feels or complains that no one loves him/her
0	1	2	4. Fails to finish things he/she starts	0	1	2	34. Feels others are out to get him/her
0	1	2	5. Behaves like opposite sex	0	1	2	35. Feels worthless or inferior
0	1	2	6. Defiant, talks back to staff	0	1	2	36. Gets hurt a lot, accident-prone
0	1	2	7. Bragging, boasting	0	1	2	37. Gets in many fights
0	1	2	8. Can't concentrate, can't pay attention for long	0	1	2	38. Gets teased a lot
0	1	2	9. Can't get his/her mind off certain thoughts; obsessions (describe): _____	0	1	2	39. Hangs around with others who get in trouble
				0	1	2	40. Hears sounds or voices that aren't there (describe): _____
0	1	2	10. Can't sit still, restless, or hyperactive	0	1	2	41. Impulsive or acts without thinking
0	1	2	11. Clings to adults or too dependent	0	1	2	42. Would rather be alone than with others
0	1	2	12. Complains of loneliness	0	1	2	43. Lying or cheating
0	1	2	13. Confused or seems to be in a fog	0	1	2	44. Bites fingernails
0	1	2	14. Cries a lot	0	1	2	45. Nervous, high-strung, or tense
0	1	2	15. Fidgets	0	1	2	46. Nervous movements or twitching (describe): _____
0	1	2	16. Cruelty, bullying, or meanness to others				
0	1	2	17. Daydreams or gets lost in his/her thoughts	0	1	2	47. Overconforms to rules
0	1	2	18. Deliberately harms self or attempts suicide	0	1	2	48. Not liked by other pupils
0	1	2	19. Demands a lot of attention	0	1	2	49. Has difficulty learning
0	1	2	20. Destroys his/her own things	0	1	2	50. Too fearful or anxious
0	1	2	21. Destroys property belonging to others	0	1	2	51. Feels dizzy
0	1	2	22. Difficulty following directions	0	1	2	52. Feels too guilty
0	1	2	23. Disobedient at school	0	1	2	53. Talks out of turn
0	1	2	24. Disturbs other pupils	0	1	2	54. Overtired
0	1	2	25. Doesn't get along with other pupils	0	1	2	55. Overweight
0	1	2	26. Doesn't seem to feel guilty after misbehaving	0	1	2	56. Physical problems without known medical cause:
0	1	2	27. Easily jealous	0	1	2	a. Aches or pains (not headaches)
0	1	2	28. Eats or drinks things that are not food— don't include sweets (describe): _____	0	1	2	b. Headaches
				0	1	2	c. Nausea, feels sick
				0	1	2	d. Problems with eyes (describe): _____
0	1	2	29. Fears certain animals, situations, or places other than school (describe): _____				
				0	1	2	e. Rashes or other skin problems
0	1	2	30. Fears going to school	0	1	2	f. Stomachaches or cramps
				0	1	2	g. Vomiting, throwing up
				0	1	2	h. Other (describe): _____

0 = Not True (as far as you know)			1 = Somewhat or Sometimes True	2 = Very True or Often True			
0	1	2	57. Physically attacks people	0	1	2	84. Strange behavior (describe): _____
0	1	2	58. Picks nose, skin, or other parts of body (describe): _____	0	1	2	85. Strange ideas (describe): _____
0	1	2	59. Sleeps in class	0	1	2	86. Stubborn, sullen, or irritable
0	1	2	60. Apathetic or unmotivated	0	1	2	87. Sudden changes in mood or feelings
0	1	2	61. Poor school work	0	1	2	88. Sulks a lot
0	1	2	62. Poorly coordinated or clumsy	0	1	2	89. Suspicious
0	1	2	63. Prefers being with older children or youths	0	1	2	90. Swearing or obscene language
0	1	2	64. Prefers being with younger children	0	1	2	91. Talks about killing self
0	1	2	65. Refuses to talk	0	1	2	92. Underachieving, not working up to potential
0	1	2	66. Repeats certain acts over and over; compulsions (describe): _____	0	1	2	93. Talks too much
0	1	2	67. Disrupts class discipline	0	1	2	94. Teases a lot
0	1	2	68. Screams a lot	0	1	2	95. Temper tantrums or hot temper
0	1	2	69. Secretive, keeps things to self	0	1	2	96. Seems preoccupied with sex
0	1	2	70. Sees things that aren't there (describe): _____	0	1	2	97. Threatens people
0	1	2	71. Self-conscious or easily embarrassed	0	1	2	98. Tardy to school or class
0	1	2	72. Messy work	0	1	2	99. Too concerned with neatness or cleanliness
0	1	2	73. Behaves irresponsibly (describe): _____	0	1	2	100. Fails to carry out assigned tasks
0	1	2	74. Showing off or clowning	0	1	2	101. Truancy or unexplained absence
0	1	2	75. Shy or timid	0	1	2	102. Underactive, slow moving, or lacks energy
0	1	2	76. Explosive and unpredictable behavior	0	1	2	103. Unhappy, sad, or depressed
0	1	2	77. Demands must be met immediately, easily frustrated	0	1	2	104. Unusually loud
0	1	2	78. Inattentive, easily distracted	0	1	2	105. Uses alcohol or drugs for nonmedical purposes (describe): _____
0	1	2	79. Speech problem (describe): _____	0	1	2	106. Overly anxious to please
0	1	2	80. Stares blankly	0	1	2	107. Dislikes school
0	1	2	81. Feels hurt when criticized	0	1	2	108. Is afraid of making mistakes
0	1	2	82. Steals	0	1	2	109. Whining
0	1	2	83. Stores up things he/she doesn't need (describe): _____	0	1	2	110. Unclean personal appearance
				0	1	2	111. Withdrawn, doesn't get involved with others
				0	1	2	112. Worries
							113. Please write in any problems the pupil has that were not listed above:
				0	1	2	_____
				0	1	2	_____
				0	1	2	_____

1) Have you ever felt that your student needs to seek help because of his/her emotional or behavioural problems mentioned above?

A. He/she has no or only mild emotional or behavioural problems

B. He/she has emotional or behavioural problems but he/she has not sought help

C. He/she has emotional or behavioural problems and he/she has sought help

If you choose 'B', please answer question '2' ; If you choose 'C'. please answer questions '3' and '4'.

2) Will you suggest your student to seek help from the following people?

	Yes	No
His/Her friends/classmates	<input type="checkbox"/>	<input type="checkbox"/>
His/Her parents	<input type="checkbox"/>	<input type="checkbox"/>
His/Her siblings	<input type="checkbox"/>	<input type="checkbox"/>
His/Her seniors	<input type="checkbox"/>	<input type="checkbox"/>
His/Her peers	<input type="checkbox"/>	<input type="checkbox"/>
His/Her teacher/principal	<input type="checkbox"/>	<input type="checkbox"/>
His/Her school social worker/student guidance officer	<input type="checkbox"/>	<input type="checkbox"/>
His/Her social worker/counsellor	<input type="checkbox"/>	<input type="checkbox"/>
His/Her psychologist	<input type="checkbox"/>	<input type="checkbox"/>
His/Her physician	<input type="checkbox"/>	<input type="checkbox"/>
His/Her psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify _____)	<input type="checkbox"/>	<input type="checkbox"/>

3) If your student has already sought help, who suggest it:

	Yes	No
Himself/Herself	<input type="checkbox"/>	<input type="checkbox"/>
His/Her parents	<input type="checkbox"/>	<input type="checkbox"/>
His/Her teacher/principal	<input type="checkbox"/>	<input type="checkbox"/>
His/Her siblings	<input type="checkbox"/>	<input type="checkbox"/>
His/Her friend/classmate	<input type="checkbox"/>	<input type="checkbox"/>
His/Her seniors	<input type="checkbox"/>	<input type="checkbox"/>
His/Her peers	<input type="checkbox"/>	<input type="checkbox"/>
His/Her physician	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify _____)	<input type="checkbox"/>	<input type="checkbox"/>

4) Have your student sought help from the following people:

	Yes	No
His/Her teacher/principal	<input type="checkbox"/>	<input type="checkbox"/>
His/Her school social worker/student guidance officer	<input type="checkbox"/>	<input type="checkbox"/>
His/Her social worker/counsellor	<input type="checkbox"/>	<input type="checkbox"/>
His/Her psychologist	<input type="checkbox"/>	<input type="checkbox"/>
His/Her physician	<input type="checkbox"/>	<input type="checkbox"/>
His/Her psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify _____)	<input type="checkbox"/>	<input type="checkbox"/>

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